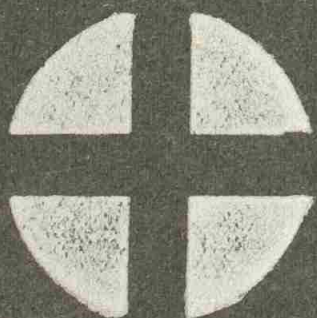


KAI TIARI:

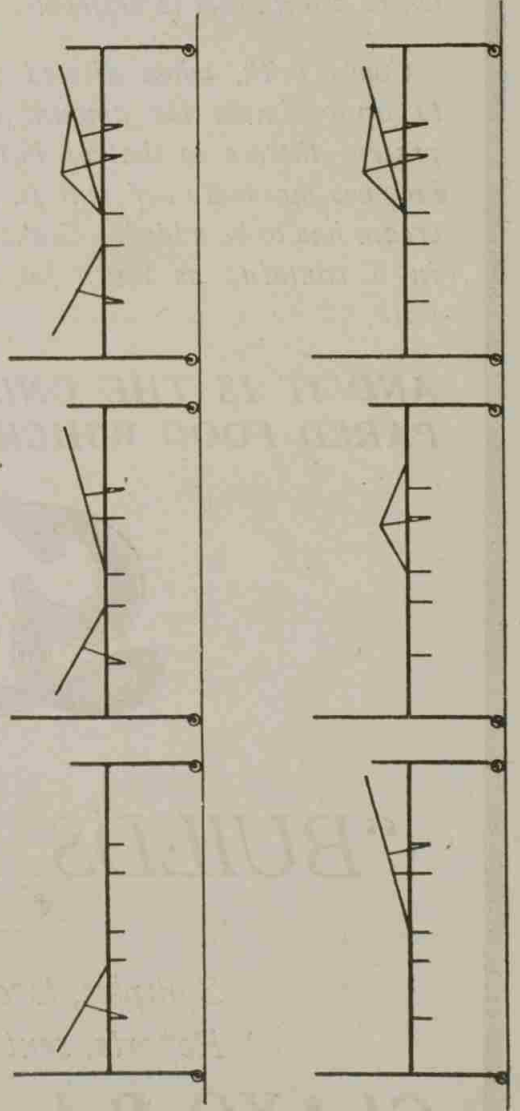
The Journal
of the Nurses of
New Zealand



Improved FOWLER Position Bedstead.

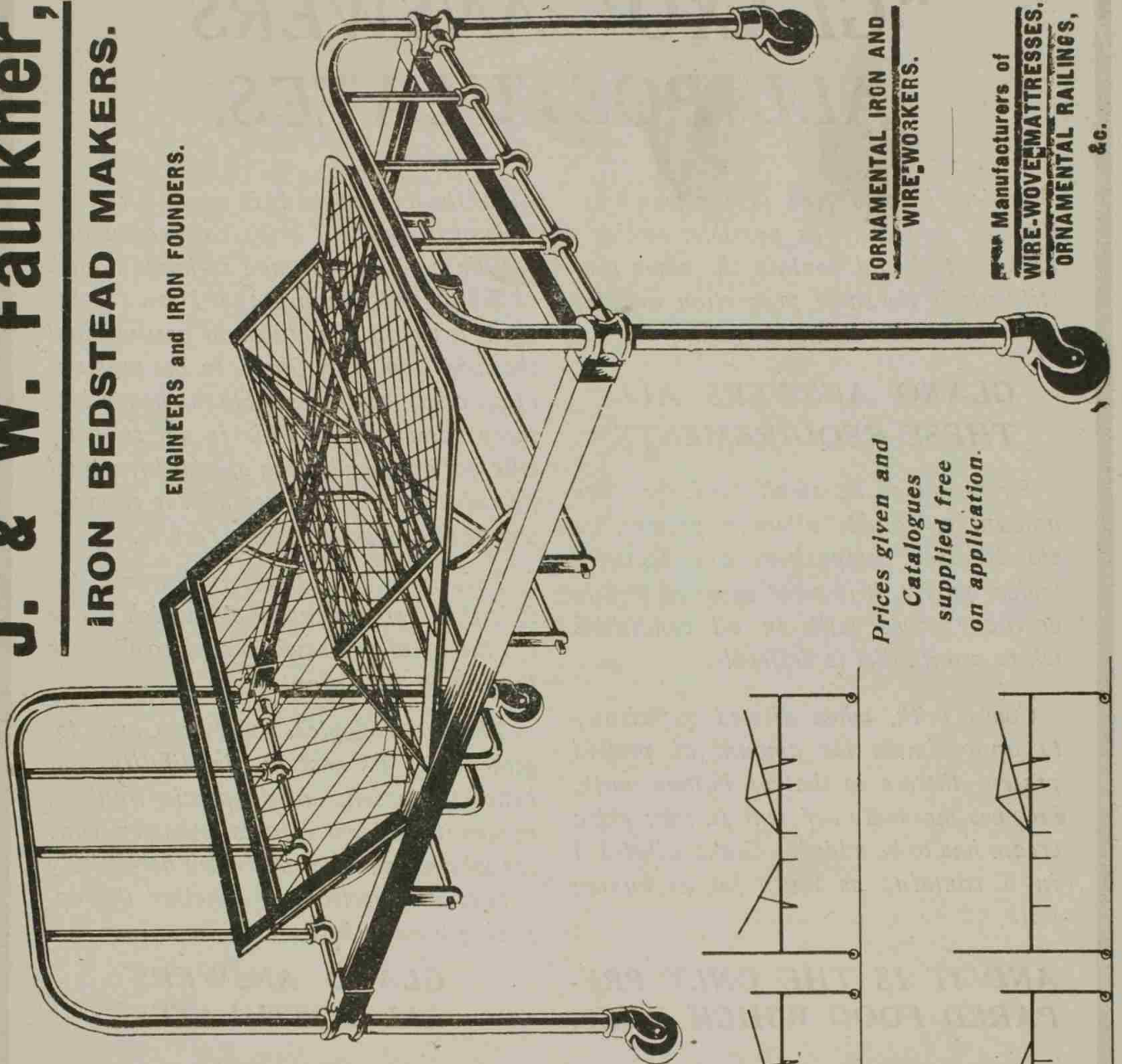
The inset will serve to show the various positions to which this bedstead is capable. As all alterations of positions are made by screws, the movements are positive and entirely free from vibration, and are made without disturbing the patient. Supplied with ball-bearing rubber wheel castors of $3\frac{1}{4}$ inches diameter, or the ordinary China castors. Enamelled in white or black.

Office and Works :
**Cr. Castle and St. Andrew Streets,
DUNEDIN.**



J. & W. Faulkner, IRON BEDSTEAD MAKERS.

ENGINEERS and IRON FOUNDERS.



Prices given and
Catalogues
supplied free
on application.

ORNAMENTAL IRON AND
WIRE WORKERS.

Manufacturers of
WIRE-WOVEN MATTRESSES,
ORNAMENTAL RAILINGS,
&c.

"GLAXO" ANSWERS ALL POSTULATES.

An ideal infants' food is one which resembles, as closely as possible, mother's milk. It should contain the same constituents in the same proportion and the same form, and should be germ-free.

GLAXO ANSWERS ALL THESE REQUIREMENTS

By reason of its small curd, the large amount of soluble albumin present, its standardised composition and bacteriological purity, it is a far superior food to ordinary cow's milk in all conditions where a milk diet is desirable.

Cow's milk, when diluted sufficiently to approximate the amount of proteid present therein to that of human milk, becomes markedly deficient in fat; extra cream has to be added. Glaxo diluted 1 in 8 contains as much fat as human milk,

AND IT IS THE ONLY PREPARED FOOD WHICH DOES.

Since the total proteids in cow's milk consists of, roughly, 9-10ths caseinogen and 1-10th lact-albumin, and in human milk of 2-3rds lact-albumin and 1-3rd caseinogen, it would be natural to assume that the curd formed by Glaxo, in the presence of an acid, would resemble the heavy leathery casein clot. This is not so, however, for on the addition of rennin, a light flocculent precipitate, resembling in every way that of Lact-albumin, results.

This is of the utmost importance, for it is this leathery casein clot which is one of the greatest drawbacks of cow's-milk feeding to the infant.

The bacteriological purity of Glaxo, together with its ease of digestibility, and hence the absence of dyspeptic troubles, makes it the ideal infants' summer food; for whether summer diarrhœa be entirely a specific infection, or whether the opposing view be held,

**GLAXO ANSWERS
ALL POSTULATES**



"BUILDS BONNIE BABIES."

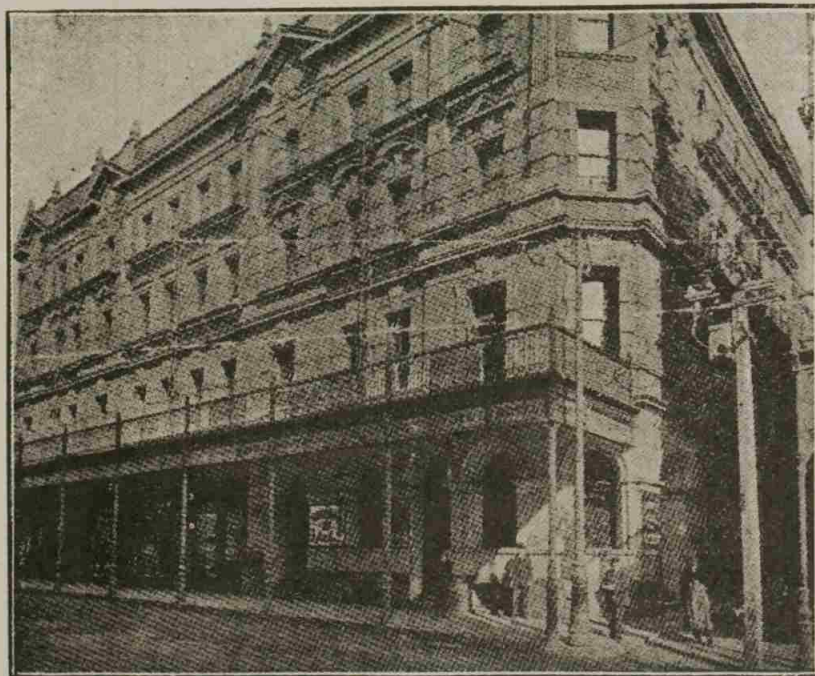
Samples, together with Medical and Analytical Reports, sent free on application to—

GLAXO, Palmerston North, New Zealand

DOCTOR'S CREAM O' GROATS

This splendid food is ideal for children over six months of age—it gives all the nutritive properties of best selected oats in an easily digestible form. It builds bone, muscle and tissue. Groats are recommended also for nursing mothers to promote the secretion of milk. DOCTOR'S CREAM O' GROATS is prepared from the choicest Southland Oats and packed in special air-proof cartons. It makes delicious gruel—also biscuits for the children. There is no more perfect oaten food made than DOCTOR'S CREAM O' GROATS.

GURANTEED UNDER PURE FOODS ACT.



WHERE DO YOU STAY IN WELLINGTON?

BARRETT'S HOTEL, Lambton Quay.

Offers you a good table, first-class attention and a moderate tariff. The most central, moderate-priced hotel in Wellington. Electric light in every room.

ELECTRIC LIFT.

NIGHT PORTER.

TARIFF: 9s. per Day £2 10s. per Week

D. DALTON, Proprietor.

Phone 1076

NURSE!

You spend over two-thirds of your time in shoes—better be comfortable. If you have any difficulty getting fitted, write us. We specialize on easy-fitting footwear, and we guarantee to fit you by post if you cannot call.

PANNELL & COMPANY

105 Manchester St., Christchurch.

THE

PLUNKET HOOD PERAMBULATOR

(PATENT)

Hygienic. Recognised and recommended by the Medical Profession. The best only. Agents in every Town. See your local Agent and see you get

IBBOTSON'S PRAMS.

IBBOTSON & SON (Late C. J. Williamson)

Colombo St., Christchurch.

Of Value to Many Nurses—
HIGHLANDER MILK

WHEN occasions arise on which it is thought best not to give the patient the milk brought by the milkman, Highlander Milk is highly recommended to the nurse.

Its purity is absolutely beyond question. Highlander Milk comes from specially selected herds in Southland, and by a patent process of filtration and evaporation, all harmful germs are destroyed. In the Highlander Condensary,

**Cleanliness and Hygiene
are Strictly Observed,**

and in every detail of the process, purity is the main consideration. Highlander Milk, then, is really rich Southland Milk in a form which keeps. It is germ-free, wholesome, and safe for sickly people and babies alike.

Another important point must be mentioned—Highlander Milk is New Zealand owned, and is made by New Zealanders. No foreign capital or interests are attached to it in any way.

This reliable brand is obtainable at
Stores throughout New Zealand.

SPECIFY HIGHLANDER MILK

Sphagnol Preparations have received the Endorsement of scores of Leading Members of the Medical Profession in England.

Sphagnol

Is a distillate of peat—is antiseptic—possesses remarkable healing properties, and is easily applied. It may be claimed to be the Standard Remedy of Medical Men in England in all cases of Skin Diseases and Inflammation.

The main Sphagnol Preparations are:—

SPHAGNOL OINTMENT.

Contains 10% of Sphagnol, is easily and quickly applied, and effectively relieves and cures all forms of Eczema, Acne, Psoriasis, and all skin irritations.

SPHAGNOL MEDICAL SOAP.

Contains 15% of Sphagnol, and should be used in all acute cases of Eczema and Skin Ailments. It is of very great value in the treatment of Blepharitis, as well as of the various kinds of Skin Eczema accompanying eye diseases.

SPHAGNOL SUPPOSITORIES.

Can be used for the immediate relief of Haemorrhoids. Cures have been effected where all other remedies have failed.

SPHAGNOL SHAVING SOAP.

This soap supplies a long-felt want for delicate and sensitive skins; it acts as a preventative of the irritation that so frequently occurs after shaving.

The Institute of Hygiene has awarded its certificate of purity, merit and quality to all the Sphagnol Soaps and Ointment.

IMPORTANT OFFER.

A Doctor's Outfit of Sphagnol Preparations, consisting of Ointments, Soaps and Suppositories will be sent to any doctor, R.A.M.C. Officer and Red Cross Hospital Nurse, on request.

Write to-day for Free Outfit and Medical Testimony to

PEAT PRODUCTS (SPHAGNOL) Ltd.

N.Z. Representatives, Wholesale:

S. A. SMITH & CO. LTD., CHRISTCHURCH.

ONLY THE BEST BAKING POWDER IS GOOD ENOUGH

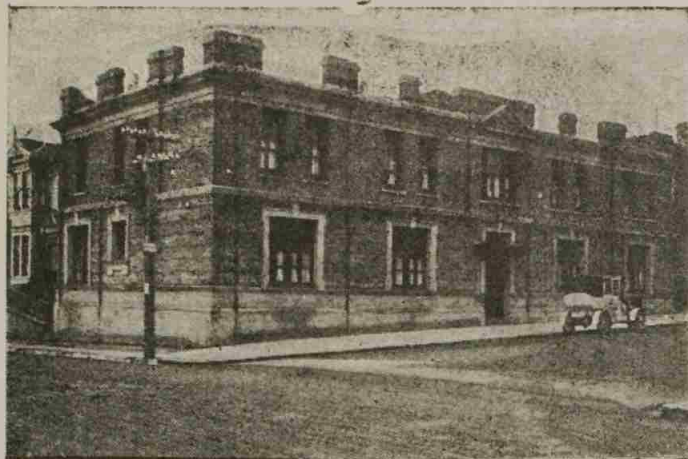
And because of its purity EDMONDS' Baking Powder is recommended. It is made from the highest-grade Grape Cream of Tartar — positively free from substitutes and harmful ingredients.

EDMONDS' **BAKING POWDER**

—the well-known "Sure-to-Rise" brand—enables you to make dainty, light scones, pastry, buns, and cakes without fear of failure. Every nurse should beware of Baking Powders in which harmful substitutes for Cream of Tartar are now used. Ensure pure, successful cookery by using only Edmonds' "Sure-to-Rise" Baking Powder—the all-pure brand.

EDMONDS' is Sold at ALL STORES

WRITE FOR FREE COOKERY BOOK TO
EDMONDS' BAKING POWDER WORKS, CHRISTCHURCH.



Wellington Branch, N.Z.T.N.A.

Nurses' Home and Bureau:
1 Kensington Street.

Code Address—"Nurse."
Telephone No. 2525 A.

For particulars apply THE SECRETARY.

CHRISTCHURCH Trained Nurses' Club,

104 SALISBURY STREET.
MATRON - M. J. HOOD,
Member A.T.N.A., and registered in
New Zealand.

There are vacancies on the staff for nurses
with general and Midwifery training.

Comfortable and well-appointed Home at
Moderate expense.

Visiting Nurses and Friends Accommodated

AUCKLAND BRANCH, N.Z.T.N.A.

**NURSES' RESIDENTIAL CLUB
AND BUREAU,
MOUNTAIN ROAD, EPSOM, AUCKLAND.**

Telegraphic Address—"TRAYNURSA."
Telephone 651.

ACCOMMODATION FOR REGISTERED
NURSES, VISITING OR RESIDENT.

Applications to be made to the Matron.

TO NURSES AND NURSING HOMES.

We offer special discounts. Complete stocks of Cotton Wool, Lints, Gauze, Bandages
etc., and all surgical requirements always on hand.

E. CAMERON SMITH, CHEMIST, 96 WORCESTER ST
CHRISTCHURCH.

DUNEDIN Trained Nurses' Home and Bureau 298 HIGH STREET

MEDICAL, SURGICAL AND MIDWIFERY
NURSES.

Matrons and Nurses visiting Dunedin
accommodated.

G. M. GIRDLER, Matron.

Telephone 2252. Code Address: "COMPETENT."

CHRISTCHURCH TRAINED NURSES' RESIDENCE.

4 Armagh Street.

Accommodation for Registered Nurses, either
Visiting or Resident.

For particulars apply to,
The Matron, A. M. WALL.

Telephone 1750

The D.I.C. sends Footwear to Nurses in all parts of the Dominion

It isn't ward shoes alone that nurses need—they have their hours of leisure and in those hours they appreciate the value and inimitable good style of D.I.C. Footwear.

Added to these attributes is the unending satisfaction gained by wearing boots and shoes that do wear, and wear well.

The D.I.C. Mail Order Service is far-reaching, efficient, personal—it was organised for the especial purpose of placing the splendid merchandise of the "House for Quality" within easy reach of any one living between North Cape and the Bluff.



The D.I.C. Pays Postage on all Footwear Orders and allows Registered Nurses 7½% Discount

"Raglan" Glace Derby Shoe, Round toe, Square heel, Bostock's	...	...	...	...	30/-
"Tudor" Glace Derby Shoe, Medium toe, Pump sole, Bostock's	...	...	...	...	35/-
"Aida" Glace Derby Shoe, Low Square heel, Pump sole, Bostock's	...	...	...	...	26/6
"Indiana" Glace Derby Bals., Self cap, Welted sole, "Queen Quality"	...	...	...	...	45/-
"Whitby" Glace Derby Bals., Welted sole	...	...	...	...	35/-
Glace, 1 Bar, Ward Shoes, Strong sole	...	...	...	...	18/6
Cosy Felt Bedroom Slippers, Various colours	...	...	...	...	12/6
Felt Bedroom Slippers, Leather soles	...	...	...	...	6/11

D.I.C. Box 1478, Wellington

Kai Tiaki

(THE WATCHER - THE GUARDIAN)

The Journal of the Nurses of New Zealand

VOL. XI. No. 2.

APRIL, 1918.

Contents

	PAGE		PAGE
Orthopædics and Massage Training for Trained Nurses	59	Casualty Clearing Station	76
Notice	60	Salaries and Pensions	78
N.Z. Trained Nurses' Association—		A Scottish Women's Hospital Unit in Serbia	79
Auckland Branch	61	Notes from Balmer Lawn, Brockenhurst	82
Canterbury Branch	61	Matron Marie Cameron	82
Otago Branch	61	The Australian Nurse and her Outfit	83
Wellington Branch	62	Paper on "Occultism" or "Spiritualism"	84
Nurses and Masseuses proceeding to England on "Corinthic"	62	Life in a Sanatorium	93
Nurse Anaesthetists	62	Christmas in the District	94
News of our Nurses Abroad	63	"Nurses' Day" at Auckland Hospital	94
Visit of King and Queen to Walton	69	St. Helens Hospital, Invercargill	95
Rachel Weeping	69	Pain	96
Honours Presented	70	Native Midwifery in Egypt	103
New Year Honours	70	Nursing Novels	104
Nurses' Memorial Fund	72	State Maternity Medal	104
New Zealand Nurses' Experience in Serbia, Administering Relief	74	Presentation to Miss Orr	105
		An Afternoon Tea	105
		Notes from the Hospitals and Personal Items	107
		Business Notices	114

Orthopædics and Massage Training for Trained Nurses

It is recognised more and more what a tremendous part the treatment of the wounded by massage electric treatment, Swedish exercises, etc., will play as time goes on. With the great majority of wounds, especially bone and nerve injuries, this treatment is essential. The well qualified masseuse will now find her opportunity, and this branch of medical nursing treatment, which for many years has been held in disrepute, owing as much to its abuse for evil purposes as to the lack of a proper standard of training and qualification, will now take its place side by side with the trained nursing of serious medical cases.

Nurses have usually combined some knowledge of massage and electrical treatment with their general nursing knowledge, but this smattering of so important a branch of treatment will no longer be sufficient.

Masseurs and masseuses who are trained for that work alone require doubtless much useful knowledge, and with practice after the short term of eighteen months or two

years training, are fully competent to carry out the treatment under medical supervision.

For work in military hospitals the lack of the training in discipline and in the dealing with all classes of patients rather handicaps many masseuses. Some seem to fancy that as during their course of study they have not been under the same discipline as nurses, they are a more independent class of professional workers, some even that their status is higher. This, of course, is far from the case. They are not called upon to deal with the issues of life and death as the nurse is, and that dealing with life and death and the responsibility so involved must elevate the profession of the nurse into the highest for a woman. Higher even, from one point of view, than that of the woman doctor, high as that is, for she does not, in the course of her duty (though she often does so, nevertheless) watch by and soothe the last hours of the dying.

Nurses must not neglect this very valuable part of the treatment of the wounded, and the nerve-racked. They must add to their medical and surgical and midwifery nursing the art of massage and its attendant treatments. It is now intended to send on hospital ship staffs a very large proportion of nursing sisters with the massage qualification. Unfortunately, so far there is but one hospital in the Dominion which in the fourth year gives to its graduate nurses a full course of massage training. This will give to the graduate of that school a considerable advantage in being accepted for service. We hope that henceforward the larger schools of the Dominion will so arrange that their nurses may not be left at a disadvantage and that a number of

nurses each year will add the massage qualification to their general certificate, and thus be able to undertake any treatment ordered for their patients. It is hoped during this year to have the Bill for the Registration of Masseurs (including masseuses) passed by Parliament. In it is a provision for trained nurses to take this course in twelve months instead of the eighteen necessary for untrained men and women.

We strongly advise our young nurses to employ the year after qualification as nurses, until after which they are not eligible for the Army Nursing Service, in obtaining a twelve-months' course of massage training at a recognised school.

Notice

There is established in London a War Museum, which will comprise anything of interest in literature as well as, we presume, every sort of object in any way connected with the great war.

The secretary has expressed a desire to have a complete file of "Kai Tiaki" since August, 1914. We regret that, apart from the bound copies of the journal since its inauguration, we have not a complete file of this period. The following numbers are missing, and we would be extremely

obliged if subscribers possessing these would be kind enough to supply them: January, 1916; April, 1916; April, 1915; July, 1915.

It is a great compliment to the journal (which, thanks largely to the letters and papers sent by our nurses on active service, is a fairly comprehensive history of the part played by New Zealand nurses) that we should be invited to be represented in the War Museum.—Editor.

The Matron-in-Chief recently received a call from Miss Williams, who was the very kindly hostess at Barnstaple, of many of our nurses on active service, when needing rest and change. Miss Williams expressed her regret at having to give up the Barnstaple House and return to New Zealand, and made the very kind offer to receive any returned nurse as a guest in her home at Frimley, Hawke's Bay, for a rest and change.

The many letters received by the Matron-in-Chief from nurses staying at Barnstaple all show what a kind and sympathetic hostess Miss Williams had been, and this recent invitation will, we are sure, be very much appreciated. In New Zealand, of course, the nurses are near their homes and their people are eager to welcome them, so there may be few able to accept the kind invitation.

New Zealand Trained Nurses' Association

Auckland Branch

The usual monthly meetings have been held during the quarter, and were well attended. Twenty-two nurses applied for membership of the Association, and were accepted. The Club keeps up a full number of residents. Miss Lita Jones, branch secretary for N.Z. Nurses' Memorial Fund, reported having sent a cheque for £104 8s to the secretary in Dunedin, and had his

receipt with thanks. £211 resulted from the Auckland Hospital Nurses' Bazaar for the same object.

The Council regrets the death of Mrs. Coldicutt, wife of one of our medical members, which occurred suddenly during a sea trip.

The financial position of the Club continues satisfactory.

Canterbury Branch

A council meeting was held on January 14th, to arrange for a more central room for holding meetings, as the hospital was considered a little out of the way. It was decided to hold our monthly meetings in the Y.M.C.A. Building, for the time being at least.

Dr. P. Stanley Foster gave a lecture on the 27th February, which was largely attended, on "Modern Antiseptics," and was most interesting and instructive, showing the great strides which have been made of late years, particularly since the war, in the matters of surgery and the treatment of wounds.

The triennial meeting, which was to have taken place this year (on March 27th), in Christchurch, has been postponed for this

year. Miss Maclean, who had kindly consented to act as president at the meeting, thought the time was inopportune for many reasons, and that Easter was a very bad time to travel, if delegates were coming from other centres, which was doubtful on this occasion, to attend the council.

At a special council meeting, called to consider the matter, it was decided to postpone the meeting this year, as there were not many important questions for discussion, but to bring the subject forward again next year.

Several lectures are promised at different dates during this year, and it is hoped the nurses will show their appreciation by coming to the meetings.

Otago Branch

There has been nothing going on in this Branch during the past few months. Council meetings have been resumed after the holidays, and it is hoped that we shall be able to arrange a series of evenings for the winter on the lines of those given last year, which proved very pleasant and instructive. The only thing of importance to report is the collection for the New Zealand Nurses' Memorial Fund, which took place on March 22nd and proved fairly successful, over £250 being taken in the streets. It is expected that the proceeds of the entertainment given the next evening, will bring the total amount to approximately £500.

Nurse Verey has rejoined the staff of Stafford Hospital, Dunedin, after three years' absence on active service.

Miss Hay, of "Prospect House" Private Hospital, has been seriously ill in Codford Hospital, England, having undergone an operation for gastric ulcer. She has been working very hard at canteen work at Salisbury Plains and Codford for the past two years.

Sister Chalmer is spending her furlough in Dunedin, and has visited various Red Cross centres, giving valuable hints as to useful articles to send.

Wellington Branch

The usual meetings of Council have been held each month since January. The Club continues to have its rooms fully occupied, the number of nurses living permanently there being larger than last year. The matron, Miss Craig, is away on holiday. Miss Kane, a nursing member of this branch, is in charge during her absence.

Several nurses have been elected members of the Association during this quarter.

At the end of October, Miss Faram, our visiting nurse, returned from England, and resumed duty. During her absence the work fell away so much that it did not pay expenses. After trying hard during November and part of December to work it up again, it was mutually agreed that the position of visiting nurse be abolished in the meantime.

Nurses and Masseuses proceeding to England on "Corinthic"

22/505	Matron Jessie Muriel Orr, in charge.	500	S.-N-	Alice Mary Rowntree
22/264	S.-N. Hugh Sutherland	501		Marion McNicol
482	Agnes Ada Earl	502		Jessica May McAllum.
481	Mary Cassandra Roberts			MASSEUSES.
465	Isabella Burt	22/488	Miss	Isabel Couldrey Keyes
484	Edith McLellan	489		Winifred Nancy Hinds
483	Eleanor Coutts			Howell
486	Margaret Hepple Thomson	490		Mary Isabel Saunders
485	Violet Oppenheim	491		Elizabeth Eleanor Volekman
474	Maggie Isobel Aiken	492		Dorothy Agnes Cameron
261	Alice Maria Victoria Rhind	493		Jane Northridge Teape.
475	Clara Lee			Note.—Friends wishing to write to these
478	Elizabeth Cairns			members of the Army Nursing Service
480	Marguerite Hindmarsh Guinness			should address them with their numbers
494	Marion Barbara Garland			at Headquarters, N.Z.E.F., 8 Southampton
495	Mary Chadwick Brown			Row, London.
496	Mary Victoria Bremner			The Red Cross Society, Wellington, kindly
497	Beatrice Wallace			sent a small parcel containing sweets to
498	Jean Gray Haliburton			each of the above contingent. Her Ex-
490	Euphemia Laidlaw McGibbon			cellency Dame the Countess of Liverpool,
				as usual, kindly sent each member a novel
				to read on the voyage.

Nurse Anæsthetists

We learn that three of the New Zealand sisters have been sent to the American Hospital at Boulogne to study the administration of anæsthetics. These are the first of the New Zealand sisters to be sent for this experience. In America it is recognised that nurses usually make more satis-

factory anæsthetists than doctors. The latter are often too keen to see what is being done by the surgeon operating. No doubt at present the services of a sister in this direction will be of extra value, as it would release a doctor for other work.

We hear from Sister Brooke, formerly Matron of the Officers' Hospital, and now transferred to France, in charge of No. 1 N.Z. Stationary Hospital. Sister Edmondstone went with Miss Brooke to France at the beginning of January.

The mess hut and sitting room combined. Nearly all sisters are sleeping in huts; of course, it is quite active service, no luxuries such as I have had at No. 13 Lewis Crescent. This morning when I awakened, it was a white world, three inches of snow, and very pretty."



Sister May Chalmer, A.R.R.C. (lately in charge of Oatlands Park section of Walton-on-Thames Hospital, now returned to N.Z.)

Miss Brooke writes: "France is quite a different place to what we saw in May last. Now it is mud and snow and leafless trees. Then it was spring and everything was beautiful. The hospital is quite a large camp with, at present, 500 patients. The Sisters' quarters are quite comfortable.

The hospital is to be a thousand bed hospital, and Miss Brooke says gifts addressed to her in any shape will be most acceptable, either for patients or sisters. (Readers might note this and inform their friends engaged in patriotic work.)

From Sister Jessie E. McLeod :—

You will see by the above address that I am in Leith again on leave. I am attached to No. 63 Casualty Clearing Station. It is not far from Poperinghe, but I have been very little there. When I had only been a week at No. 63 I was sent out with a surgical

as many operations done at the C.C.S. as possible, as more lives are saved by immediate operation. There are usually ten teams at a C.C.S., and during a "push" operations go on all day and all night. When very busy we work sixteen hours at a stretch, and, oh, it is tiring ; but I would



Sister Pengelly, A.R.R.C., now in charge of Oatlands Park section of Walton-on-Thames Hospital.

team to do theatre work at another C.C.S. I went to No. 44 for a few days, and from there went on to No. 4 C.C.S., where I was until I came away on leave. A surgical team consists of a surgeon, an anæsthetist, a sister and an orderly. They have only been started lately, and the idea is to get

not have missed it for anything. For many things I prefer the base ; there is more regularity there, and one can do more for the patients. At a C.C.S. they are just in and out again. I would have been disappointed not to have got to a C.C.S., but will be quite ready to go to the base again

when my turn comes. When at No. 4. C.C.S. I used to go into Poperinghe quite often. It is such an interesting place. Troops and transports pass through it all day long, and at the street corners there are men directing the traffic just as they do in London. Quite a lot of the town is in ruins. It is shelled very often, and we can hear the shells falling into the town quite distinctly at No. 4. Such a lot of C.C.S.'s have been bombed and shelled recently, and such a lot of sisters killed and wounded. The first week I was at No. 4 we never had a minute's peace from Fritz. The C.C.S. next door to us got a bomb one night; it fell into the acute surgical hut and killed an orderly, several patients, and wounded a sister. It was a very narrow escape for us. Several of the stations had to close down owing to the bombing; No. 4 was one of them. We are all provided with gas masks, steel helmets, and each place has a dug-out. We used to get a lot of bombing at St. Omer; Fritz did a lot of damage there and after I left No. 58 General Hospital, it was bombed and two sisters and two V.A.D.'s killed. It was a new hospital, a Scottish unit. I believe it was moved from St. Omer, but do not know where to—Italy perhaps—as several hospitals have gone there lately, but I was not lucky enough to go.

I don't know whether I told you that I have got my stripes, about six months ago. It is very nice to get them, but there is a lot of worry attached to them.

The New Zealand Hospital had a lively time at Hazelbrouck. They were shelled out, and we had a lot of the sisters at No. 7 General. There were several girls among them that I knew, so I had a good time while they were there. I met Nurse Barclay and Nurse Hamann—I think you know them both. Have not heard from Miss Tombe for some time; the last letter I had was just before she left Sandwich.

News of Miss Fraser, a former matron of Dunedin Hospital, will interest her nurses, many of whom are now away serving in different parts of the world.

She writes in February: "I have spent a very pleasant and happy time with my relatives in this part of the world (Columbus,

Montana, U.S.A.). Columbus is a very small, quiet country town, they call it a city here! Population is between six and seven hundred, and is situated among the spurs of the Rockies. The air is very pure and light, climate dry, healthy and bracing. I have had plenty of motoring; the only way of getting about and seeing the surrounding country, which is really grand.

"My brother and sister are very anxious for me to remain here, but the idea does not appeal to me. I am too British. One has to come to this country young to get accustomed to its customs and manners. It certainly is a great country, and the Americans are most loyal and patriotic, but there are a good many Germans, I.W.W.'s, and others, who are not to be trusted. It takes Uncle Sam all his time to cope with them. Ships, bridges, tunnels, viaducts, granaries, etc., are all well guarded, and yet scarcely a day passes without some explosion, collision, or disaster happening, which shows there are many spies and enemies around. When caught they are severely dealt with, and sometimes the people take the law into their own hands and mete out punishment to the offenders. Only the other day a party of masked men had caught some half-dozen I.W.W.'s who had set fire to large granaries and had done other malicious mischief. The men caught were blindfolded and led a few miles distance, then horsewhipped, being stripped to the waist, after which they were tarred and feathered, then their eyes uncovered, they were let loose and told to 'beat it.'

"Though Columbus is but a small place the ladies are most enthusiastic workers for the American Red Cross, and have a chaplain of their own, with auxiliaries around the district, and it is wonderful the amount of work done. I became a member shortly after I came here.

"We have had several snow storms, and the cold has been intense, the thermometer some mornings registering as low as twenty and thirty below zero. I had a sleigh ride, and enjoyed it very much."

Miss Fraser's intention was to sail for Honolulu about the end of March and catch the "Niagara," and arrive in New Zealand about the middle of April. Her many friends will be glad to welcome her back.

TRANSPORT DUTY.

On Christmas Eve I went on duty at 8 p.m. at 17th General, Alexandria, and having ten patients to look after who were the most ill in hospital, I had planned my work accordingly. At 10 p.m. the sisters and medical officers came round carolling to the patients. Night superintendent came along at 10.30 p.m. and told me I was wanted, and orders were handed to me that Sisters Greensill, Sutherland, and myself were to leave for Suez on 27/12/17. It was a big surprise as we had been looking forward to going to England in the spring, and naturally felt very disappointed, yet there was nothing to do but accept the inevitable. We could not get any money as Christmas and Boxing Days were holidays. Packing was rushed through, and good-byes said. I had made many friends after being amongst English people over two and a half years. We left Victoria Hotel 7.30 a.m., and motored to Sidi Gaba, where we took trains for Suez, arriving there 5 p.m. An ambulance took us to H.M.T.S. 98, "Tofua." It did seem a small ship after being on an Imperial ship for eleven months, going between Suez and Bombay, Persian Gulf and German East Africa. Patients and officers and men on leave came on board the next day. Some of the men were very ill, and could not be left during the night.

Fractured femurs on extension, and one with a Stimins pin through the knee, necessitated very careful handling, but they had to be put in the top bunks for convenience, and worst of all was the hospital being in the extreme bow of the ship. The sea was rough from Colombo, so you can imagine the awkwardness of dressing wounds and the effects on sisters and patients. Personally, I had not that experience, having charge of the dressing room, helped by two orderlies, where we put through between sixty and seventy dressings every morning. Septic cases were done twice a day. The majority of the patients were Australian officers and men, and it was a pleasure to look after them. Our own officers and men were only ninety, but the very best, and many of them who came on as stretcher cases were able to go off the ship on crutches.

The trip out was uneventful and enjoyable. I said uneventful, but one of our

returned officers, Mr. Braithwaite, became engaged to an Australian sister who was on sick leave. It caused quite a bit of excitement, but we wish them every happiness. We called at Albany, where all were entertained to tea in the Town Hall.

Melbourne was our next call, and all Australians disembarked. A band heralded our approach, and the Red Cross sent motor cars after lunch to take all New Zealanders out. They took us all round Melbourne, then on to a reception at Government House. Lady Ferguson gave us a warm welcome, and we had tea. There were many returned Australians sick there also; 5 p.m. we were entertained to high tea in the city, after which we went to see the pantomime "Aladdin," most enjoyable and pretty, and arrived back at the "Tofua" at midnight. We sailed next day, and it was not long before we saw shores, calm as we thought we were, a feeling of excitement thrilled us at being so near home. We arrived in Wellington on February 6th; were in the harbour for two hours before getting to the wharf. All had friends to meet them, and patients were soon disembarked, and in all parts of Wellington, and returned early next morning to have dressings done. We stayed on the ship on account of cot cases. Three weeks' leave has been granted, which will go too quickly. We reported to Miss Maclean, who was kindness itself, and received us as though we really belonged to her. I hope this will be interesting to readers of the journal, but life on the ocean waves has its ups and downs. Still, it is all a part of the great work and war, and we, as sisters, are proud of the men and privilege to be able to do so much for them.

Yours faithfully,

MABEL KITTELTY, N.Z.A.N.S.

Letters from Walton-on-Thames mention the difficulty of preparing for Christmas.

"I little thought I would be again preparing for the feeding of 6100 men. Everything is so expensive and so difficult to get; one hesitates before one purchases anything unnecessary in these days. Clothes, and in fact, everything is frantically dear in England just now. To-day eggs are quoted in the paper at 7d each; we have paid 5d this week, and even with the money in our hands they have been unobtainable,

except in twos and threes. Tea and sugar are a great difficulty, neither can be bought.

The weather had been so cold, the tents at Walton had to be taken down, and therefore the numbers reduced for the winter. The convalescent camp at Hornchurch had been quite full, and so prevented many semi-convalescent patients being sent on, and convoys from France had to be refused for five weeks, but they were then beginning to admit again.

Several members of the first fifty sisters had returned to Walton from France. Sisters Ingram, Mitchell, Sutherland, and Stewart. They enjoyed their work in France very much, but were thankful to have the comforts of England again.

45th Stationary Hospital,
E.E.F.,
10/12/17.

Dear Miss Maclean,—I'm afraid I have been a very poor correspondent since starting out on active service now two years ago. Now that I am the only representative of the N.Z.A.N.S. working so far up the line, I felt that I really must write and tell you a little of our life and work in the above hospital, through which so many of our mounted men have gone through during the last operations in Palestine.

I was one of the nursing staff of fifteen (matron, eleven sisters, and three V.A.D.'s) sent to this hospital at the beginning of November, previously to that it had only M.O.'s and orderlies. Our accommodation is for 1050, and for a little time we were taxed to the utmost, every available bed in use, so you will understand, on both medical and surgical sides of the line, we have had a very strenuous time. Convoy trains were arriving at all hours, and for a time we got our rest in snatches. Nevertheless it has been a great experience, and one I would not have missed for a great deal. Another thing in our favour is that the weather is beautifully cool—in fact, very cold at night—but it makes the work easier than in heat. Our camp is facing the sea, and until the last week we have endeavoured to find time to go in for a bathe, bath water being a scarcity on the Desert.

At present I occupy the position of home sister. The matron thought I should pro-

bably be able to make a home in the Desert, knowing something about housekeeping and Colonial life. Shopping is a great problem, we draw rations, but that does not provide us with much in the way of change, so we have to use the canteen to supplement our requirements. All our provisions come on camels, and makes a most interesting sight. Our quarters are very comfortable; a row of mud huts with verandah in the front. I am enclosing a snapshot to give you an idea. A nice mess-room, which we are gradually making very homely with deck chairs, which I have covered with some native linen, camp beds covered with some Oriental material gives quite an Eastern effect to the place. In our bedrooms we have beds provided, and the rest is our camp kit.

I have met many friends amongst those who have been wounded in the last fighting, and although I am home sister I keep a good deal in the surgical wards and dressing tents. Naturally I would rather do ward work, but as matron could not find any one who knew anything about housekeeping, I had to take it on. I am rewarded for endeavours to make the sisters comfortable, and keep them well fed in that they all look better for the change, in spite of the hard work, and to do honour to our country they are calling the middle block of huts, where the mess and several bedrooms are, "Te Hinemoa." The matron's hut is called "Coolbeg," Gallic for "My little Home," and the huts on the hill are called "Tredemock," meaning the "house on the hill," rather pretty and appropriate I think.

Our nursing service in Egypt gets smaller every day now, there are only a very few of us out that came on the first voyage of the "Marama." Although I have been out East all the time, with India and Persian Gulf as well, I have kept remarkably well, and can say I have never had to be off duty for one day from ill-health.

I sincerely hope that the New Year will bring us peace, and that our boys will soon be able to return to the land they love so well, and are longing to see. If any of them are in the wards they always hail me when they see my badge, and we have quite a talk over where we each come from. Several poor boys have not got any further

than here, their wounds have proved fatal, and they now lie on a sunny hill facing the sea. Matron is very charming, and always sends me down to those who are very ill in case I may be of some comfort to them, talking about their home.

My kindest wishes to Miss Bicknell, if she is still with you, and the same to you for your good health in all your hard work, and for the coming season.

Yours very sincerely,
22/247 Edith M. Lewis.

Visit of King and Queen to Walton

In November, Walton-on-Thames had the honour of a visit from their Majesties, the first to a New Zealand hospital.

"The boys enjoyed their visit very much, as we all did. Some of the convalescent boys went back to bed when they knew their Majesties were visiting every ward and were rewarded in most instances by a few words from either the King or Queen. We did not know they were coming till after 10 a.m. on the day and by request no fuss was made, no red carpet, etc.. Sir Thos. McKenzie and Miss Mary came over, and the D.M.S. and matron-in-chief. Their Majesties asked for no visitors, and very kindly agreed to have the sisters and officers of the various wards presented to them. We were having an exhibition of the boys' work the following day, and the Queen admired the fancy work very much (and really some of it would do credit to Liberty's windows) and was offered by, and accepted from a patient, a piece of his work. This was wrapped in brown paper, and the Queen herself took charge of and carried the parcel. The boys gave them three cheers when they drove away.

"There is one great treat given to thirty of our boys each Tuesday. They are ad-

mitted by special card to the State apartments of Windsor Castle, and almost always some representative of the Royal family is there and waits on them at tea time. Many are the funny little incidents related when the boys come back. They all adore Princess Mary, she is so pleasant and charming to them. Some of them get quite a surprise when they are coming away to find they have been sitting by and waited on by Princess Alexandria or Mary, for they do not always recognise them at first. Princess Mary quite won the heart of a blind patient, who went with the party one day, and he considers himself her friend for all time.

The workshops at Walton are mentioned in the matron's letter: "The limbless men are learning trades of various kinds. Men with one arm are doing very well indeed with shorthand and book-keeping, and many of them minus a leg or two legs are learning to be motor mechanics or carpentering, cabinet making, and such a host of other things. Some are sent to various places to learn bootmaking and mending, and one and all seem very keen and very interested in making themselves once more fitted for the battle of life in the capacity now suited to them.

Rachel Weeping

How well they sleep, with foreign earth above them,

Our Lion Hearts! while days speed after days
And haply leave behind with some who love them
Courage to breast the newly-steepened ways.

One heart there is wherein will linger ever
The grip of loss, however long the years
'Ere time, the silent-footed, halts to sever
The little link that sets us free of tears!

And there's one memory with space unmeasured
To hold each word and whisper of the past
And keep its dear, unbroken record treasured
Inviolate, the "while the light shall last."

While year on year may leave the soldier sleeping
And steal the sting of many griefs away,
His Mother's love no count of Time is keeping—
Ever to her he died but yesterday!

—C. B. M.

Honours Presented

Investiture at Government House

On Tuesday, 23rd April, by command of His Majesty the King, an Investiture was held at Government House, Wellington, when the Governor-General presented to Surgeon-General R. S. F. Hendeson, the insignia of a Companion of the Most Honourable Order of the Bath, and to Colonels C. M. Gibbon, H. R. Potter, N. P. Adams, Lieutenant-Colonel L. E. Barnett, and Major Norton Francis, the insignia of a Companion of the Most Distinguished Order of St. Michael and St. George.

His Excellency also handed to Miss Hester Maclean, the capable and much respected Matron-in-Chief of the N.Z.A.N.S., the

badge of the First Class of the Royal Red Cross decoration, a decoration which she has well earned, as on her devolved the organization of the N.Z. Military Nursing Unit; to Miss Bird and Mrs. B. Mitchell were handed the badge of the Second Class of the Royal Red Cross decoration. The former has done nearly three years' service in Egypt, and England, and is now on pension for twelve months, as a result of the strenuous work. Mrs. Mitchell, better known to the Nursing world as Sister Beatrice Brooke, late of the Belverdale Private Hospital, Wanganui, was on the Staff of the Hospital Ship Maheno.

New Year Honours

Auckland Nurses Decorated

The name of Miss B. Ernest, eldest daughter of Mr. T. Ernest, Campbell Road, One-tree Hill, appears in the New Year Honours list as a recipient of the Royal Red Cross. Miss Ernest has been at the front with the Voluntary Aid Division, attached to the Military Hospitals with the British Expeditionary Force on the western front since 1915. She was at the No. 1 General Hospital at Etretat until June, 1916, when she was transferred to No. 2 Stationary Hospital at Abbeyville. Since September last she has been at the Isolation Hospital Calais. Miss Ernest was mentioned in Sir Douglas Haig's despatches on June 7, 1917. The occasion on which Miss Ernest and others of the division received this honour was the first time that the Royal Red Cross has been awarded to members of the V.A.D.

NOTE.—The above extract brings before New Zealand nurses the manner in which the title of nurse has been abused in its assumption by V.A.D. workers. This young lady, excellent as her services undoubtedly have been, is not a nurse, and it is not certain that she has been doing nursing work at all. Nurses do not grudge recognition

of service in the V.A.D. workers, but it certainly is a sore point that so many of these have latterly been awarded the decoration which, from the days of Queen Victoria, has been regarded as the special prerogative of the trained nurses. We note in a recent Home journal that the Irish nurses are indignant at what they term the "insult" offered to Miss M. Huxley, a prominent matron, formerly matron of Sir Patrick Dunn's Hospital, in Ireland, "in awarding her the second-class Royal Red Cross for her splendid services to nursing in Ireland, while V.A.D. bandage rollers, canteen workers, clinical clerks, society women and others have all been given first-class honours."

It is thought that such discrepancies should be brought to the notice of the King, who, of course, in these matters is guided by recommendations from various authorities. Now that the Order of the British Empire is established, surely women workers in the war, other than trained nurses, might be recognised by the award of one of the five grades of this order, and the Royal Red Cross reserved for those for whom her late Majesty Queen Victoria designed it.

The Star of Mous

Miss Beatrice Cutler and Miss Violetta Thurston whose names are well known to readers of the "British Journal of Nursing" and of several most interesting war books by the latter, have been awarded the above coveted decoration which is

designed only for those who were on active service during the first three months of the war. New Zealand nurses who are eligible to receive this honour are Sisters Theresa Butler, N.Z.A.N.S., Jessie Macleod, Q.A.I.M.N.S.R.



Matron Eva Booque,
R.R.C.

Some members of the
New Zealand Army
Nursing Service who
have received well-
merited decorations



Matron Frances Price,
R.R.C.



Sister Grigor,
A.R.R.C.



Matron Vida MacLean,
A.R.R.C.



Sister Mary McBeth,
A.R.R.C.



Mrs. Mitchell,
(Sister Beatrice Brooks),
A.R.R.C.



Matron Mrs. Plowman,
(Sister Elizabeth Nixon),
A.R.R.C.



Sister Edith Popplewell,
A.R.R.C.



Sister W. White,
A.R.R.C.



Sister Ida Willis,
A.R.R.C.

Personal notes of these awards have already appeared in our pages. We would be glad to receive portraits of other Sisters who have received the Royal Red Cross or been mentioned in despatches.

Nurses' Memorial Fund

Honouring a Noble Profession

The opportune proposal to establish a Nurses' Memorial Fund by which honour will be done to the memory of those of the profession who have laid down their lives in the great war by caring for the welfare of the nurses who remain with us has made a strong appeal to public sympathy, and is well assured of hearty and wide-spread support in this community. The novel and highly artistic entertainment given to swell this fund, drew a large audience to His Majesty's Theatre on Saturday evening, and the presence of their Excellencies Lord and Lady Liverpool, under whose patronage the entertainment was given, lent an added distinction to the gathering. The programme was organised by the Otago Women's Club, who certainly succeeded in achieving a very pronounced success. A large number of nurses were present in uniform, and they added to the funds to the extent of some £36 by the sale of artistic programmes and sweetmeats. It is, of course, too early to make an accurate statement of the financial result, but as the expenses were reduced almost to vanishing point, the promoters are hopeful of securing some £200.

The Hon. G. W. Russell was present, and in his capacity of Minister of Public Health and Hospitals, said a few words commending the Nurses' Memorial Fund for the benefit of the nurses of New Zealand. Right through, he said, they had taken their part splendidly in the great work women were everywhere doing on account of the war, and he was sorry that up to the present no organised effort had been made to establish a superannuation fund for those who engaged in the arduous, distressing, and anxious work of nursing. He congratulated the people of Dunedin on moving in the direction of establishing such a permanent fund. He hoped that when finances became normal again Government and Parliament might be induced to establish a permanent superannuation fund for the nurses of the dominion. He wished the fund every success, and promised his own hearty co-operation and assistance.

During the evening Mrs. Kyneton Parkes, late secretary of the Women's Emergency Corps, London, gave a rapid and interesting review of the magnificent war work being done by women in the Old Country. She referred to the strenuous days of 1914 when the few trained nurses in the country were faced with the tremendous task of caring for the wounded soldiers being sent back from France. A large military hospital, commandeered just behind Covent Garden Market, was entirely managed by women in every department from the highest specialists downwards, and she had been told it was the only hospital where it had been found quite unnecessary to have an orderly room.—(Laughter). She recalled some of the heroic women doctors and nurses who had given their lives in the great war, and described the thrilling service in St. Paul's to the memory of Nurse Cavell. Mrs. Parkes spoke most enthusiastically of the wonderful work being done in London and other parts of England by the New Zealand nurses in the New Zealand Government hospitals. At Walton-on-Thames the New Zealand Government had built what she considered to be perfection in the way of hospital wards—giving air, and light, and comfort, and beauty. She described also the workshops in which the convalescents, by way of recreation, acquired a knowledge of most useful trades.

The programme opened with a finished rendering of Woodforde Finden's "Night-fall in Hyderabad," by Mr. Browning's choir. In Verdi's "Caro Nome" Miss Natalina M'Callum had an excellent opportunity to show the range and rich quality of her voice, and when recalled by the audience she gave "Oh Bird of Love Divine." During the singing of this she had the misfortune to have to compete for a time with an enthusiastic little dog, but she won splendidly, and the audience fully recognised the merit of her effort. Mr. Percy James provided a lot of amusement with a series of humorous sketches, and Mr. J. Leech's singing of "Mountain Lovers" and the encore number "I Don't Suppose" was greatly enjoyed. Two clever vaudeville

items by professional artists were submitted by the courtesy of Messrs. Fuller. "The Kewpie Kids," from Haverly's Revue, gave a "very pretty" "Dance of the Allies" in costume, and Jones and Raines found great favour with their most amusing songs and sketches, and had to return to the stage again and again. Not the least entertaining feature of this part of the programme was a series of topical verses full of pointed allusions, sung by four medical students in costume, a fifth presiding at the piano.

The whole of the second part of the evening was taken up by an original and most impressive and cleverly arranged pageant of historic women, given by the Otago Women's Club. The motif of the pageant was that the Spirit of the Past (Mrs. Statham) finding the Spirit of the Present (Miss Roberts) sad and despondent, summons before her in turn some of the great women of the past so that the Spirit of the Present may find courage and cheer from recalling what they suffered and achieved. The costuming of the characters was most beautifully and effectively carried out, and as each actress advanced slowly to the centre of the stage she delivered lines mostly chosen from the masterpieces of our literature, referring to the character represented. The pageant included Cleopatra (Miss S. Shrimpton), Boadicea (Miss Sanderson), Alcestes (Miss Lee), Queen Philippa (Miss Wilkinson), Lady Godiva (Miss A. Macdonald), Joan of Arc (Miss Hanlon), Queen Elizabeth (Miss Ulrich), Mary, Queen of Scots (Miss D. Park), Marie Antoinette (Mrs. Neil), Flora Macdonald (Miss Macintosh), Elizabeth Fry (Miss E. Smith), Queen Victoria (Miss Sidey), and Florence Nightingale (Mrs. Davis). The Spirit of the Future was represented by Miss Alexander. The audience was most impartial in its bestowal of approval upon every individual taking part, and it is certain that a very high level of excellence was sustained throughout. The heaviest part of the work fell upon Mrs. Statham, who, as the Spirit of the Past, ushered the various characters on the stage. She filled the part with grace and distinc-

tion, and her rich, clear voice proved almost ideal for the position. It should be said that the whole conception and organisation of the pageant is very largely Mrs. Statham's work. Appropriate incidental music from the wings was supplied by Mrs. Mason and Dr. Appleby as an accompaniment to the pageant.

During the evening her Excellency Lady Liverpool was presented with an elaborate box of sweets. The presentation was made by Nurse Loudon, on behalf of the nurses of Dunedin.

The sum of £28 15s has also been received by the matron-in-chief for transmission to the treasurer of the fund. This sum is the result of an entertainment by the Greymouth Hospital nurses and Miss Bishop, of Rewa Private Hospital.

The nurses modestly made only a small charge for their entertainment, or the sum would have been much larger; but in addition to that sum of over £100 sent about two years ago from the West Coast, we think it is a very good contribution from a comparatively small number, when so many patriotic efforts are being made. Nurses do not wish to vie with the efforts made for patriotic purposes, or to take in any way from the money needed for the sick and wounded soldiers.

We deprecate any appeal to the public which can in any way be construed as an appeal for charity, and we regret that the late Dunedin effort should have included a street collection. The Memorial Fund is one which is now well established, and can be the basis for donations and bequests for years to come, and for the object of entertainments and fetes such as that held at the Auckland Hospital and at Dunedin, none of which present the objectionable features of a street collection, when people are practically forced to give, and have no *quid pro quo* for their money.

A letter received from the treasurer shows a satisfactory sum which has in most part been collected without compromising the dignity of the nursing profession.

New Zealand Nurse's Experience in Serbia, Administering Relief

Brod, 23rd March, 1917.

It's just a month since Miss Stephens and I came up here to feed the children and sick of this miserable village. According to the Serbian Police Officer's Report, there are 183 children between the ages of one and twelve belonging to the village, and certainly there seems to be quite that number. The village was left in absolute ruins, huge trenches dug right through—certainly quite regardless of any 'right of way'—and the country laid waste for miles around. The Bulgars took or destroyed everything they could lay their hands on, leaving the wretched people with nothing; no domestic animals or food, of any kind, no wood for fires or cooking utensils, and only heaps of ruins to live in. There are practically no men belonging to them, excepting very old or ill men, the rest are away fighting. The women and children all wear their national dress, which is very picturesque, and now that they are recovering a little from their miseries, the women are most industrious. They all seem to spin, knit or embroider whenever the sun comes out, and makes the weather warm enough. We have pitched our little camp on the side of a hill, about three minutes walk from the edge of the village. It was too filthy to live in it, and the children come up with their little cans, mostly old preserved meat tins with a bit of wire for a handle, left by the soldiers, or old cooking pots from the same source. Each child has a ticket for its food, and the sick ones the same for the milk, tea, sugar, etc., which the elder children fetch. But as there are no women or children about excepting the poor villagers, if a stray one turns up without a ticket, we feed them first and enquire afterwards. It they had any money, there is absolutely nowhere they could buy anything, as the nearest shop is several hours' journey by motor car.

We feed the children twice a day, about ten in the morning, and between five and six in the evening. In the morning we give them soup with beans, leeks, etc., in it, and rice and milk in the evening, sometimes varied by macaroni and leeks, or rice and cocoa. It has been the Serbian Lent for

the last three weeks, which has made things rather difficult. The peasants keep it very strictly. They will not eat, or allow their children to eat, anything derived from an animal—no meat, lard, cheese, eggs, or milk. If they think there are any of these things in the food we give them, they throw it away. The sick ones are allowed milk as medicine, and we tip a few tins of milk into the vegetable soup every morning, and give the children rice and sugar in the afternoon.

The children as a rule look strong and healthy, and are most of them exceedingly pretty. The whole 183 do not come every morning and every evening. On an average we get about 140 in the morning and between fifty and ninety in the evening. The adults are fed by the army through the Serbian Police Officer, but there is no one to cook for or feed the children and sick. I go round the village every day and do what I can for the sick folk. Miss Stephens always sees to the feeding of the children in the afternoon, as I am often back late—we do it together in the morning. There are about forty sick in the village at present, but it's heart-breaking work—nursing them is impossible—we can only dose them, feed them, and do sort of first-aid dressing.

The dreadful hovels they live in! They always lie on the ground fully dressed; bed or bed clothes are unknown. The American Red Cross and the Serbian Relief have given them a few blankets, and they occasionally have a mat or some sacks to lie on. There is no attempt at sanitation whatever. The Italian soldiers, who seem very kind to the people, have built up a good many of the houses for stables, and the original inhabitants get a corner to live in, which at any rate means a roof. Where the walls are up the houses are indescribably dark and dirty; they are very low and dug out below the surface of the ground. I have had to strike a light in broad daylight to see the patient. They huddle under their dirty covering and look like a bundle of rags in a corner.

There is a great deal of malaria about; nearly every disease they suffer from seems to be complicated with it. There

are some women very ill, and also a few children. The cases are chiefly malaria, tuberculosis, rheumatism, and some sort of fever, which may be paratyphoid, complicated by malaria. There was a doubt that one of the women had typhus and others enteric, so several doctors have been on tours of inspection—one Serbian, one English, and two Italian—and the above was the conclusion they came to. We have had some very cold weather, snow, frost, and an icy north wind, and the poor things seem to feel it very much. Whenever the sun comes out—and when it does it is really warm—they crawl out of their hovels—you cannot call them houses—and lie about amongst the ruins. The dung heap is a favourite place. I do a dressing on one nearly every day, there is no clean spot to be found anywhere. One poor woman we thought had rheumatism, has a horrible discharging sinus in her back, evidently tubercle of the spine. Another has what looks like frost-bitten feet; she will lose at least three toes, but the feet are improving.

The only domestic creatures to be seen, barring two donkeys and one very fine goat, are insects of the unwanted kind; they swarm in every house and on all their clothes. We give the sick people milk, and often tea, sugar, and soup. They are wonderfully patient and cheerful, but though the Serbian Relief Hospital at Sorovich would take any really serious case, it's impossible to make them leave their village, their misfortunes seem to make them cling to their heap of ruins, as the only thing they know and feel sure of.

The Serbian Relief supply us with food for the children, also some clothes and blankets and a few necessary drugs. Dr. Haig was very kind, and came round the village one day, but he is an exceedingly

busy man, and cannot come often. The Commandant of the Italian Hospital here, is also most kind, and will give us anything in the way of drugs that are necessary, but as for nursing the poor things, it's impossible; they will not even stay in their own hovels. One day there will be three sick women and several children in a house about eight feet square, and the next day they will all be scattered. If a neighbour has a fire, so much the better, that is the place to be in, though how they get there it is difficult to imagine, for most of them cannot walk. They also seem to have three names, two Serbian and one Macedonian. A girl tells you her name is Kosta Stoykovick, the next time gives it as Stoye Kostavich, and then her mother informs you it is Stoyani Kostari! I got horribly mixed at first, but now I know their faces and their ways, and I am able to sort them out. They seem very grateful and glad to have us here. A number of Serbian officials have told us that we are really needed here, and that the people really are destitute.

Miss Stephens and I feel very grateful to you for allowing us to do this most interesting work, and helping us so much in every way. The Serbian Relief as you know, sent us two old Serbian soldiers to get water, keep the fire going, and wait on us generally. They are both exceedingly nice men, and look after us more like fathers than servants.

Three women have died since we came here, two of tuberculosis and the third of the before-mentioned mysterious fever.

[Nurse Kerr, the writer of above, and Miss Stephens belong to the Scottish Women's Hospital, which was with Dr. Agnes Bennett's command.]

Obituary

It is with deep regret we announce the sudden death of Mrs. Bradley, at her home at Raupo, after only about twenty hours' illness, on April 18th. Mrs. Bradley was Charlotte Ludwig, and was for several years Matron of St. Helens Hospital, Auckland, where she won the love and respect of the nurses trained under her and

working with her, and of the many mothers who were under her care. She was married under two years ago, and after a strenuous nursing life had settled down to a happy country life in her own home. The news of her death will be received with very deep sympathy with her husband.

Casualty Clearing Station

Letter from New Zealand Sister

Hotel De L'Estrecn,
Cannes,
France, 21/12/17.

I came to France last May, and went to Amiens, but only had a few days there, and came up north with the unit.

I started duty in the theatre, and after six very busy weeks—we were there for the Messines "push"—I left for a casualty clearing station in Belgium. We, Sister McBeth and I, came away with surgical teams. A team consists of a surgeon, an anæsthetist, a sister, and an orderly. The



Sisters at a casualty clearing station, France. Tin hat and gas mask parade. Sister M. Davies (N.Z.) with blurred face at left.

team Sister McBeth was with was made up from our own staff, but the one I was with was rather a mixed one. The anæsthetist and sister were New Zealanders, and the surgeon and orderly were English. The surgeon was a colonel from a British Casualty Clearing Station. First we went to a C.C.S. in Belgium, our team going to No. 10, and the other to No. 17, both British and quite close to each other.

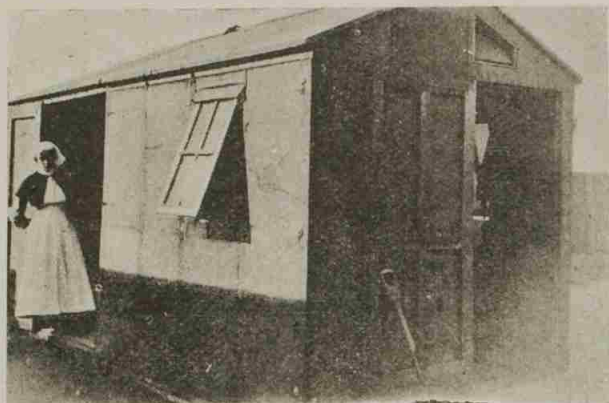
We were only there a few days when we got orders, at 11.30 one night, to proceed at once to another C.C.S. So we had to pack very hurriedly and depart. On these "excursions" one carries all one's belongings, bed, bedding, etc., and the moving is all done by motor ambulance. I hadn't time to let Sister McBeth know that I was moving, and I thought of how surprised

she would be in the morning to hear that we had gone, but I got the surprise, for I was just going off to sleep at our new destination, when sister walked in—her team had been sent also.

We stayed at that C.C.S. for four months and had the most interesting time there. The unit, when we arrived, had only been there four days, and the place was still in a state of chaos; but it was wonderful to see how quickly things were got into order, despite the fact that they had to take in patients the day after they arrived. The whole place, with the exception of the theatre, was under canvas, and, being the middle of summer, we found the life very pleasant. The surrounding country was beautiful, every scrap of land there is cultivated; it was a grand sight to see it when the crops were ready for cutting. The operating theatre was a large wooden building, with light tables. Four teams used to work at once, each surgeon running two tables, so there was no time lost between the cases. The place was well equipped in every way, plenty of instruments and gloves, and all the appliances for operating, and the giving of anæsthetics. As a rule the day teams worked from 8 a.m. until 8 p.m., and were then relieved by the night teams, but when there was a great rush of work the day teams would go on working until 12 p.m., and by doing that managed to keep pace with the work. The system of work at the clearing stations is excellent. There are always two or three stations close to each other, one will be receiving patients for twenty-four hours, or perhaps take a certain number, and then the next one will receive; this gives each one the chance to get through all their operations and clear up ready for the next receiving day.


The patients are evacuated almost at once, only those who are too ill to be moved are kept back. We had rather an exciting time whilst there, through the air-raids. The enemy planes were over nearly every clear night, and twice they dropped bombs right in the stations, the second time Sister Kemp—a New Zealander with an English unit—an orderly, and two patients

being killed, whilst several were wounded. We were all supplied with tin helmets and gas masks, and were supposed to go straight to the dug-out when the noise of the anti-aircraft guns started, and if that was not possible we were advised to lie flat on the



"Armstrong Hut," Sisters McBeth and Davies' quarters at C.C.S. Hut is taken down and put up very quickly.

ground. Each time I happened to be in the theatre, so I adopted the latter scheme. I think I told you before that we were up there for four months, and gradually the teams returned to their own units as the work lessened, and a fortnight after we left the C.C.S. was moved to fields and pastures new. I thoroughly enjoyed working with the English, but whilst there I also worked with Americans, Canadians, and Australians. At one place in a theatre where four teams were working together, there was our own, which was a mixed one, next to us a Canadian, then an American, and the fourth table was "All British."

Whilst we were up there, the town where our own hospital was, was shelled, so we returned to quite a new place. I was surprised when I saw it, for it covers a huge area, and sprang up so quickly. All huts and tents, the former are the "Issen" huts—this shape —each has fifty beds, and on the whole, very comfortable. I was back for two or three weeks on night duty, and then got my leave and came down here. Leave in the south of France has only been just granted us. I am the first of our unit to come. I left our hospital at 8 a.m. on a Friday morning, and arrived here at 8 p.m. on the following Sunday, having a day and a night in Paris en route. It was lovely to leave the winter behind and come here into the warmth. Up north it was winter

with a vengeance, bitterly cold, and here the sun is hot and the foliage and flowers are beautiful. This hotel has been taken over just as it was for six months, for nurses on leave, and those who have been sick, but do not require any nursing. There is accommodation for about sixty; the place is in charge of Lady Gifford. It is the most delightful place imaginable, situated at the foot of the Esterd mountains, and quite close to the sea and the town. The Riviera exceeds my wildest expectations. Yesterday I went to Nice, and to-morrow we visit Monte Carlo, Monaco, and Mentone, and I believe we may just cross the Italian frontier.

There are nurses from all countries here. I think those from overseas predominate, for the English sisters, the majority of them at least, go home for leave. We are looking forward to a very pleasant Christmas down here, and when we return, at the end of our fourteen days, for active service again, it will be with fresh courage. I am sending you a few snaps, taken by a little French girl when I was up at the C.C.S. I hope you receive them all right, that they will not be removed by the Censor. We often wonder when we are all going to get home again; everybody is, to use that very expressive term, "fed up," and the cry from everyone is "when is it all going to end." I did not mean to let this grow into such a long scrawl, but I did not know how much there was to tell you.

M. DAVIES, N.Z.A.N.S.



Sisters' Dug-out and Casualty Clearing Station. Sister Davies and an Imperial Sister.

The following interesting account of a "gas school" appeared recently in the Sydney Morning Herald, sent in by a nurse:—"We have had some excitement. The night before last I found my name with others to draw rations and helmets,

and to report at the Gas School for instructions on Saturday morning. We went, and I can tell you it was not a nice experience at all. First, we were taken into a marquee and told to remove our hats, and had instruction in getting into the helmets. Then the helmets were tested, and we got into them; and finally we were marched into a room full of gas, where we remained for five minutes. Of course, there was an officer, an R.A.M.C man, and two sergeants with us, so we were well watched. We were told to talk and walk about, just of course to give us confidence really; and when we received the order to remove helmets our eyes just poured as the fumes rose from our clothes. It was like the fumes of formalin. To-day we went to the school again. We left here in a transport car, went up to the bull-ring, which consists of a parade ground, school of all sorts, and camps. We were met by an officer, who took us to a tent, where we removed

our hats in readiness, and had a lecture for an hour; then were shown how to get in and out of helmets, which we are supposed to do in six seconds. The first time I did mine in nine seconds, the second time in five and a-half seconds. Then he took us to a trench, which was full of poisonous gas. The trench had a swing door at each end, and, of course, when you go in you must go on, as you can't get back. The officer went first; then with his right hand he held the left hand of the sister behind, and so on. We were all holding hands—six of us—with an officer in front and at rear, the one in front telling us the way to go and what to do. The gas was just thick; we could see it, but never felt a thing. It took us a minute to go through. It is most wonderful. I have confidence now, and would not worry one bit about a gas alarm if I had my helmet. I am pleased it is over, and I have my certificate.

Salaries and Pensions

A commission has lately been sitting in Cape Town at the instance of the administrator to consider the whole question of the grading of hospitals, salaries, pensions, etc. "As far as we can gather," says the "South African Nursing Record," "the idea is to grade all classes of hospitals carefully, then to pay the matrons according to the class of institution they control; further, to establish a uniform scale of emolument for sisters and staff nurses, with uniform and regular increases. In a country hospital where State aid is so large a factor in hospital administration this is only right, and a great many gross inequalities will be rectified by it. There is to our mind a very great need for a systematic distribution of salaries, and the more order and regularity that is introduced into the administration of hospitals the better." The "Record" strongly urges upon the T.N.A. the establishment of a benevolent fund, with, later on, its own seaside hostel for nurses.—From the "Nursing Times."

It is interesting to observe how the problems with which we ourselves have been grappling come up from time to time in other places. In our pages several years ago we published the conclusions arrived at in New Zealand. We shall be glad to learn if a solution whereby inequalities may be smoothed out in a manner satisfactory to all concerned, is arrived at in South Africa. There are so many factors to consider that we are not hopeful of a workable scheme.

Many of our readers express verbal opinions regarding salaries and superannuation. We should welcome a thoughtful paper on the subject, giving the views of the nursing profession in a concrete form, which might be presented to the Hon. Minister in charge of Hospitals and Public Health, who has announced his intention at a future date of considering what can be done in the matter of superannuation for nurses.

Do the work that's nearest,
 Though it's dull at whiles;
 Helping, when we meet them,
 Lame dogs over stiles;

See in every hedgerow
 Marks of angel's feet,
 Epics in every pebble,
 Underneath our feet.

A Scottish Women's Hospital Unit in Serbia

Some Notes by Dr. Agnes Bennett

The cases were straight from the battlefield of Kaymakchalan "Straight" in this country meant that they had field dressings applied, were carried by hand, or on stretchers suspended one on either side of a mule, to a dressing station about five hours' journey down the mountain. Here they were placed in a "salle de pausements," the wound iodined, a suitable splint applied, and they were left lying in rows on straw in a "Ladnyak" (shelter of boughs) till such time as our ambulances could go for them. Many, alas, were beyond human aid, and a sad enclosure of mounds and little wooden crosses is now all that marks the site of the aforetime dressing station. Of comforts there were very few—a few blankets only, and it was very cold at night. No attempt was made to take off clothes—these were cut at the site of the wound and the splints as a rule applied over the clothes. The splints, as a rule, were excellent, and excellently applied, but after first application were never taken off, and sometimes cases arrived at the hospital not having been dressed for five or eight days. These probably had lain out higher up waiting for transport to dressing station.

The ambulances usually went up and down in convoys, and some nine or ten or fourteen patients often arrived at the same time, hence they had to wait their turn in the "Admission Tent," lying on their stretchers. On such occasions hot milk or soup was given to each on arrival, and photo thirty shows Miss Waugh, cook, administering this. The white stretchers on the ground are the reception tent stretchers, with white macintosh over them. This was a special institution of our own, and many medical visitors have complimented me on the system. The patient, always in his dirty, blood-stained, war-stained clothes, was put on these, lifted on to a table about the size and height of an operating table and on this all his clothes were removed, and he was washed from head to foot, shaved and specially cleansed if verminous (but this was a comparative rarity), put into clean pyjamas, and then transferred to the ward. This was much better than washing in bed,

and also much more thorough, and as there were always two or three being washed at the same time, plenty of extra labour was available for momentary holding of injured limbs, or careful rolling over to adjust garments. We had always meant to give baths to our patients in this tent, but they were far too seriously injured to ever think of baths. Sometimes a dying man had to be carried straight to a ward. Some, alas—nine—were dead on arrival.

This was hardly to be wondered at when one saw the passage down of the ambulances. This took some two hours, and was down the steepest of mountain roads, which zigzagged down the side of the mountain with sharp hair-pin bends. Often convoys of food and ammunition blocked the way, but it was wonderful the amount of consideration that was given to the ambulances. Going up would have been impossible if loaded, and even when empty the ambulances (fortunately light Ford ones for two cases only) had often to be pushed up. The soldiers used to know the difficult corners for us, and sometimes would wait to give a push at the right moment, and the sister attendants also got into the knack of jumping out at the right moment and giving a push. Always twice, sometimes oftener, the drivers had to wait to cool the engine. Only one mishap occurred on this dangerous road. In trying to pass an ammunition convoy, just when there was only a few inches to spare, the inside wheel knocked against a large stone, threw out the steering, and the car turned over the edge. Most fortunately there were no wounded in the car, and both occupants escaped with a severe shaking and a few bruises. The car was put on the road again at once by a contingent of soldiers, and went on for its load who were eventually safely landed at the hospital.

The cases were of the worst possible variety, mostly "double," *i. e.*, with two compound fractures—two wounds in different parts. One was reported to have thirty-nine shot holes in him. With a single compound fracture these cases would, many of them, have been considered worthy of

special nurses in our home hospitals. We had three nurses (when one or two of them was not on sick list) to forty patients. Gangrene was rife, and the constant amputations were a terrible trial in the operating tent.

This was frantically busy—one splendid little nurse knocked up after the first week, and as we could not possibly spare another, the rest of the work of these terrible few weeks had to be undertaken by one nurse and an orderly. It meant working into the night every night, for all the ward dressings had to be sterilised in a single small steriliser. The nurses worked absolutely heroically, and so did the orderlies, and it was amazing the rapidity with which the latter fell into line and the suitable ones were soon valuable members of our staff. It was a constant nightmare to me who would break down next, for alas, dysentery and malaria soon asserted their presence, and our personnel sick tent itself absorbed workers and gave unending anxiety. One brave little orderly joined the long roll of victims of malignant malaria, and now a soldier's cross marks her grave in the sad little cemetery in Salonique. Our first regular admission was on September 19th, and in the following eight weeks we admitted 523 cases—of these sixty died. As soon as a case was fit to travel at all we evacuated to a French Evacuation Hospital near Ostrovo station. At this hospital they simply rested in stretchers and were given some food till an ambulance train could be found with room for them. It grieved us sorely to know that the wounds we had cleansed and guarded so carefully would often have to remain in waiting for two days ere they could reach a base hospital. Later on, when the pressure ceased a little, the sisters used to beg to be sent with a bag of dressings on the day following their evacuation to see if they were still waiting for a train. They would take boiled water and lotions, and manage everything themselves. The French doctor would allow them to dress our old patients.

The chest cases were some of the most trying—very little could be done for them, only make them as comfortable as possible and keep the wound as clean as possible. One remarkable case was that of an officer who was shot right through, the bullet entered at the lower end of the breast bone

and emerged between the lower end of the shoulder blade and the spine. He was greatly distressed on admission, but the quiet and comfort of a bed and pillows and careful feeding worked wonders, and he went about quite fit apparently. The men's appreciation of the beds was very great. "Dobra, Sestra," was the most frequent utterance in the wards. The improvement in the first twenty-four hours was wonderful, and it was always sad work to tell them they must move. There was seldom a bed empty even for a night. Each day we informed our D.M.S. how many we could discharge, and as many were sent in as were sent out.

During those weeks our X-Ray apparatus was in great demand, and far into every night we were developing plates, for in spite of most careful treatment and putting up of the dark tents, the light seemed to get in in the day-time. 172 plates were taken and developed, and about 250 cases were screened. There was not a great deal of localising done as we found the track of the bullet so patent in most cases that we found it more practical to follow these tracks. The valuable information was in the fact that a foreign body was present. In the wards all the trained sisters were working hard at dressings, tidying and cleaning wards, and giving food had to be left in the hands of our orderlies and the Serb "bolnichars." These soon became very deft and picked up from signs what the sister wanted done. Fortunately feeding the patients was comparatively easy, as there were not very many who could not take ordinary diet. They had two meals a day—one at eleven, one at five; both these consisted of bread, soup with bread in it, and "sutliash," boiled rice with some milk in it. The amount of a Serbian's appetite after many days in the trenches is better imagined than described. They ate what would serve half a dozen of us, and thoroughly enjoyed it. It was wonderful the improvement; in a few days they began to look quite fat. And with their warm, comfortable beds and regular food, in spite of their wounds, they were a wonderfully merry lot, and the chorus of "Dobra dans" when one went into the ward and greeted them all had a very happy ring in it. The dressings were often terrible. Compound fractures with horrible septic wounds need-

ing thorough washing every day. It was often necessary to give anæsthetics and do minor operations in the wards—the number done in the operating tent was 350. The operating tent was a great success. The single marquee with double wall answering particularly well as the light was so good. This was the gift of the Ayrshire farmers. We made locking cupboards of boxes, and our precious store of instruments, all too few because we were only equipped as 100 surgical beds. Stools and small tables were made of wood from the equipment cases and packages, and we warmed up the tent by having two of the small lucifer stoves underneath the operating table. We found these also a great success and very little trouble to manage.

Perhaps the admission department was the one that we received most congratulations on. This had not been done by any other hospital, and several O.C.'s of other hospitals came and enquired into the details of it. In times like those of such pressure as we had, it is impossible to give a great deal of attention to the washing of patients when in the wards. A thorough good cleansing when they come in has to last the two or three days they are in, except when they can do for themselves. If by any chance a case was discovered to be verminous in the war, he was at once taken back to admission tent, cleansed all over, fresh clothes put on, and his whole bed and bedding "stoved," and he was put into a fresh bed. This was the quickest way we found, as well as being the most thorough. The Serbs as a whole are very clean—we find a very different state of things with the Russians.

We had patients of many nationalities, Serbs, of course, mainly, a few French, Bulgars, Russians, a Senegalese (French Colonial), some Greek boys who had been playing with a bomb that exploded. Our very first patient was a woman sergeant in

the Serbian Army. She was not a "blesse" at that time, but was so delighted to hear she could consult a woman doctor, that she walked some miles from her camp near here for advice. Since then she has been wounded, and is now convalescent. After the splendid advance over Kaymakchalan we were left behind and out of the line of evacuation of the wounded. The dressing stations have now all moved to the other side of the range of mountains, and at present we are receiving the wounded by train. It takes five to ten days for them to reach us, but there is no great pressure, and the worst of these cases go to our out-post operating station; a very lightly equipped section of the hospital, consisting of forty beds, for which we do all sterilising, store-keeping, disinfecting, and heavy work.

As we have not been very busy lately, we have lent six sisters to a Serb. Convalescent Hospital, near here, where there is very little nursing done. In addition to this two of our number are helping the Serbian Relief Fund in giving out stores to the many homeless peasants, who have trekked down from villages on the fighting line. We have thus always had more or less work to do, though the main body of the hospital has been packed up ready for the move that has so often been said by our D.M.S. would be in "quelques jours." Now that the "quelques jours" has been so prolonged, we are doing base hospital work, and we shall soon all be working hard again. The climatic conditions have been very severe, snow and frost for three days at a time, and it has been a great problem to keep warm. However, with the exception of a few colds, our staff is now very well. We have the large wood "Perfection" stoves in the wards and the men are very comfortable, though their taste is for a much higher temperature than ours. A few warmer days gives us hope of spring and happier and more useful days.

The Native Health Nurse met two old Maori women one day. They vied with each other as to how they could praise her and show their love. She had nursed the boy of one, and relative of another. They were discussing her in her presence and saying nice things, and thanking her for

what she had done for the boy. One said: "She is the sweetheart of this tribe and that tribe and that tribe." The other aid, not to be outdone, "She is the flower of this tribe and that tribe, the flower she wore on her heart."

Notes from Balmer Lawn, Brockenhurst

Bipp Treatment

We are very busy here, and have been for some time now. This last engagement (Messines) seems to have been a ghastly affair as far as our men are concerned. One scarcely dare allow themselves to think of the many sad homes it will have made. The men are simply splendid. One never hears them growl. The way they stand their dressings too, is simply magnificent. But the present-day methods of treating wounds have simplified things so much that patients are not living in constant apprehension of being daily tortured by having their dressings done. We have had the most splendid results here from the treatment of wounds by Bipp (Bismuth Iodoform), and wounds are cleaned up under a general anæsthetic if very extensive, a local if not too big; then not dressed again for a week or ten days. I really don't know how the sisters would have got all their work done if we had been

using the old pre-war method of foment. A Eusol pad is occasionally applied, but the old boracic foment is a thing of the past. At least it is never used here. It seems to me that 'Bipp' is one of the most wonderful war-time treatments. Here Major Home has been using it now for a year, but more than ever since Messines, and has had really wonderful results.

Would you have thought a dirty abscess cavity could be sewn up on the table after having been cleaned out? But it is so. It has been done here over and over again. The whole area cleaned out and mopped dry with ether, and then Bipp thoroughly rubbed into every part of the wound, then sewn up on the table. If any one had told me a dirty pus wound could be left for days (after having been cleaned up) without needing to be dressed, I should have thought it was a tall romance.

Matron Marie Cameron

Miss Marie M. Cameron, the Australian nurse who was recently presented at Admiralty House by Sir Ronald Munro Ferguson with the decoration of the R.R.C., is a native of Wagga Wagga. She received her training at Beechworth Hospital (Victoria), and before enlisting, occupied the position of matron at the St. Helens Hospital, Christchurch, N.Z.

Enlisting from there on the outbreak of the war, Miss Cameron was appointed matron of the 1st New Zealand Stationary Hospital, and it was when that hospital was being transferred to Salonika that the boat on which she, with the rest of the hospital staff, travelled, was torpedoed when within a few miles of its destination.

Matron Cameron and some of her nurses were in one lifeboat when another was lowered on top of them, with the result that four were killed and the matron badly injured. She was thrown into the water, and was only rescued after several hours' immersion. It is only in the past

few months that she has been able to get about again.

Her decoration was awarded on the King's Birthday, 1916, but it was only now that Matron Cameron was sufficiently recovered from her injuries to receive it personally.

"A sweet-faced military nurse, dressed in becoming military uniform, was presented with the Royal Red Cross (first-class). This was Miss M. M. Cameron, of the New Zealand Nursing Service, who is at present residing in Sydney."—The "Sun."

The above extracts will be read with great interest by many N.Z. nurses. In a letter from her sister, we hear about the pleasant ceremony at Admiralty House, and Miss Cameron looked very well and stood the excitement well. She was able to assure the Governor-General of Australia that she was "fine," when he presented her Cross, which was afterwards pinned on by Lady Helen Munro Ferguson. We hope later to have a photograph of her with her decoration.

The Australian Nurse and her Outfit

To every nurse who goes on active service the New South Wales Division of the Australian Red Cross provides the following equipment:—Hot water bag, deck chair, cushion, sheets, towels, pillowslips, etc., mosquito-net if required, bloomers, grey cardigan, parcel of old linen. This equipment is given to each individual nurse, in addition to £10 each in cash. In addition, cases are supplied to the sister-in-charge, containing mixed comforts such as dressing-jackets, haberdashery, scissors, thermometers, books, games, etc. Also cases containing assorted groceries, such as tea, cocoa, condensed milk, biscuits, etc., to vary their diet on the ship. With a grant of £20 from the New South Wales Government for her outfit, the Australian nurse is very comfortably provided for when she leaves on active service.

The New South Wales branch of the Australian Red Cross has most generously given to those New Zealand nurses who have passed through Sydney on their way to the front, a similar parcel of gifts as to their own nurses. The hon. secretary lately in New Zealand, wishes every N.Z. nurse in Sydney to call at the Red Cross rooms so that arrangements can be made to entertain her and show her round the city.

In a letter from the Superintendent of the Army Nurses' Club, 15 North Terrace, Adelaide, she acknowledges the receipt of "KAI TIAKI" with appreciation. A copy of each issue will be sent in future for the Club. As before notified, New Zealand nurses are cordially invited to visit and use this Club if in Adelaide. Mrs. Kelly gives the following interesting items:—

We have recently raised £7,000 for our Army Nurses' Fund, which was started two years ago to assist army nurses. As each nurse leaves for the front we give her £10 and a box of comforts for the voyage. When she returns, if sick, we pay for her to have a holiday; we have no home, and we think this is a better way to manage. At Christmas we send parcels to all South Australian

nurses abroad. We also help to furnish the nurses' quarters at the military hospitals. Last September Lady Helen Munro Fergusson unveiled a roll of honour to the S.A. Army Nurses. It was a grand day; over 200 names are on the roll of honour, which now hangs in the Town Hall, and was donated by the sailors and soldiers of South Australia.

One day last year 300 (all going to Salonica) Army Sisters passed through Adelaide on their way to the front. They were all entertained by the Army Nurses Club, which provided lunch and afternoon tea in the Exhibition Building. In the morning there was a procession through the streets of the City, and in the afternoon nearly 100 motor cars took the nurses for a trip in the hills.

Certainly in Australia much more is done outside the army for the nurses who have to nurse the sick and wounded, than is attempted in New Zealand. The small allowance of £15 15s for uniform, given by the Government, might well be supplemented in this way, either by the Red Cross or some other patriotic society. In regard to returned sick nurses, they are here fairly well provided for by the Defence Department. They are kept on sick leave with full pay and two shillings a day in addition as sick allowance for the requisite period, and if not requiring hospital treatment, are sent to their homes. When fit for service again they are granted three weeks privilege leave, also on full pay, and with a first-class railway privilege pass all over the Dominion for three weeks, and free meals at the Government railway refreshment rooms.

If not fit for service after varying periods of from one month to three or even four months, they are boarded and recommended for discharge on pension for from three to six months or a year. The pension granted is usually £2 per week, and if an attendant is necessary (as in one case at present) the sum of £1 per week is allowed. If the nurse has any dependent, certain sums are also allowed. This is liberal treatment, and is on the lines for officers equivalent to 1st lieutenant and captain.

Paper on "Occultism" or "Spiritualism"

FOREWORD.

My first thought, when asked to write a paper for this evening, was to tell you something about the work I am most interested in at present. We have been reading and hearing a great deal about China and India, and were particularly interested in the accounts of midwifery in those lands, so that to sketch you a contrast between midwifery as conducted at Home and Abroad would have been an easy task.

Had I done so, you would have seen that that to which their most anxious thought and attention is devoted, is—not asepsis—oh no, they know nothing of harmful microbes, but the dire necessity of appeasing the multitudes of malignant spirits waiting to injure mother and babe.

My interest being thus aroused in spiritualism, I began to study it, and was horrified to find how great was the hold it was acquiring in our own lands. I knew, as you do, that many people were putting themselves in the hands of metaphysicians, mindhealers, or whatever you call them. Time was when we saw no harm in doing so. I knew also that our own town abounded in fortune-tellers, and that scores of people distracted by anxiety were applying to occult sources for news of their loved ones. Knowing all this, I longed to speak to you about it, but hesitated lest the subject might be considered by some uninteresting, or unsuited to this audience, and realising my own inability to do justice to it.

As the outcome of uncertainty, I wrote to the superintendents of two of our mental hospitals and their replies dispelled any shadow of a doubt as regards the suitability of the subject, making me realise that as nurses we should know all about these things, chiefly that we may warn and help others, who are being led on to ground more dangerous than any at Rotorua.

Dr. King's letter speaks for itself.

Dr. J— comments on the coincidence of my writing just after several articles had appeared in their papers on the subject, and telling me how he would have answered certain statements made; and it is our privilege to read that unpublished reply.

COPY OF LETTER FROM DR. TRUBY KING.

"I think your idea to give the nurses an address on the harm done by the growth of occultism, superstition, etc., an excellent one. It always amazes me that persons of any sense can consult fortune-tellers, etc., and attach importance to what they profess to be able to foresee and foretell, and the same applies to the consulting of uneducated and ignorant quacks who profess to be able to cure disease by what they call "suggestion" or 'faithhealing.'

"You ask my opinion and experience as to the mental effects of occultism on the people who deliver themselves over to dabbling in such matters, the effect on the stability of the mind and nervous system.

"One cannot give details in a few lines on so complex a matter; but I may say in general that no class of patient is more unsatisfactory to deal with than the woman (and they, the occultists, are mostly women), who come to us with the history of having been for a longer or shorter period, in the hands of occultists or spiritualists, or of having given much attention to such things.

"The stereotyped story they tell us is that they seem to have lost their 'will-power,' and this loss or normal governing power, tends to involve even the humblest functions of organic life, for instance, control and regulation of the urinary and bowel functions. Twice in the course of three months I was consulted by highly refined middle-aged ladies who had become depressed and melancholic, because after being treated by a 'suggestion expert' and occultist for constipation (which the expert seemed for a time to have cured) they found themselves quite unable to evacuate the bowel, without direct or indirect orders or messages sent repeatedly from the expert.

"One of these ladies, who was travelling round the world, and only sojourning in Dunedin for a few months, found herself unable to leave New Zealand because the bowels failed to clear themselves without messages coming to hand from the expert. She said that if she went to Timaru o

Christchurch the expert could keep the machinery going by means of the telephone or by telegram, but she could not face the return voyage to England where the beneficent influence would be cut off.

"This was the borderland of insanity, and the other woman was quite insane. You will find cases, such as the above, described and explained in an admirable book by Albert Moll, which I shall be glad if you will return to me after perusal. You should also read Robert H. Benson's novel 'The Necromancers,' which is seriously written from the Roman Catholic point of view and has the advantage of also being an interesting story and novel.

"The people who imagine they get trivial and often absurd messages from the other world, by means of seances, etc., really bring themselves to the very borderland of insanity, and it is often hard to say whether or not one ought to regard them as having actually crossed the border and become insane when they 'hear voices,' though in truth no one is speaking to them either from the earth or from beyond the earth.

"By getting into a confused and dreamy state they have brought about 'auditory hallucinations' quite similar to those brought home to people in the course of D.T.'s or other forms of mental derangement or insanity. The alcoholic brings this to pass by poisoning his highest and most sensitive brain cells by alcohol, while the devotee of occultism or mysticism wills his highest cells to sleep, and passes into a day-dream in which for the time being he cannot distinguish between reverie and reality.

"In both cases the highest portions of the nervous system have been put out of function, in the one case by poison, and in the other case by foolishly monkeying with Nature, pretending juggling with the senses, dispensing with commonsense and with the truth, and getting into the bad habit of not being satisfied with the normal and natural means by which the Creator has appointed that we shall see and hear on this earth (viz., the miraculous eyes and ears and the nerves leading from them to the still more miraculous brain centres).

"In this matter I quite agree with the Roman Catholics and Father Benson—I cannot imagine anything more antagonistic to true religion than the attitude of the average

occultist or mystic. One has only to read history to understand the fatal influence mysticism exercised over the people who delivered themselves over to it in the early centuries of the Christian Church; and no doubt this is why the Roman Catholics so utterly discountenance anything of the kind among the members of their flock."

COPY OF DR. J——'S LETTER.

"It is really rather an extraordinary coincidence that you should have written me on that much vexed subject, 'Occultism,' for a short time ago one of the papers here, published under the heading 'War and Insanity,' an interesting article by Dr. Robertson, Medical Superintendent of one of the largest Scottish Mental Hospitals, on that very subject. He referred to Sir Oliver Lodge's book 'Raymond,' and deprecated its being published at such a time, and warmly praised Lord Halifax's criticism of it. The following day appeared a letter by a notorious spiritualist here, ridiculing the idea of 'unknown men' like Dr. Robertson and Lord Halifax daring to criticise such a well-known scientist as Sir Oliver Lodge, and then branching off somewhat as follows:

'It will, no doubt, be a surprise to your readers to learn that according to the Government Statistics for the past ten years, only in two cases was occultism given as the possible cause of insanity, while scores and scores of persons in our mental hospitals are at the present time suffering from religious mania.'

"I was sorely tempted to reply to this letter, but disliked the idea of being dragged into a newspaper controversy, which was obviously what the man wanted. I would have said, that as I had helped to compile these statistics for the past ten years, I probably knew as much about them as the author of the letter, that only the principal assigned cause was put in the statistics, and when occultism was unquestionably an important factor in the patient's breakdown, if there was a neuropathic history, as is usually the case, the assigned cause was heredity, and further, that it was a surprise to me to hear about the cases of religious mania.

"I have been over eleven years in this work, and have not come across a single case of religious mania, for there was no

such thing—as a pathological entity it is unknown. One may as well speak of wireless telegraphy or electrical mania according to the delusions that are most in evidence; and I should have added, that I've known of a number of cases, who probably would not have become insane, but for occultism; for its baleful effects on neuro-pathic individuals are beyond question.

“Why, even in this small mental hospital here, I've had three cases of this sort. If foolish women and men too, who dabble with the poison could only have seen one of these patients for a few minutes as she was after admission, they would have had a wholesome lesson.

“When I was on my way Home in 1907, I struck up a friendship with a R.C. Priest and his bosom friend—a German, but nevertheless a gentleman and a very fine chap. The Priest, a young man, does rescue work in London, on the lines of Dr. Barnardo's Homes, and his friend assists (or assisted) him. This German, Mr. Roupert, had been an Anglican Clergyman, but had become a Romanist. He showed me a booklet he had written on this subject, “Occultism” or Spiritualism, or whatever “ism” they call it, and it was illustrated by the most remarkable photographs, taken by himself, of weird spirit forms. I had, and have, no doubt these were genuine, but can't and won't attempt to explain them. He told me that he had entirely given up researches into the Spirit World; otherwise he was convinced he would have become insane, as he was now convinced that the spirits were ‘evil spirits’ pretending they were the spirits of the departed.”

“OCCULTISM” OR “SPIRITUALISM.”

In introducing to your notice occultism, or spiritualism as it is more commonly known, I am but following the example of many of our leading mental specialists, and as I wish to point out to you many of the terrible dangers of this fearful and rapidly increasing evil, I cannot do better than use their words.

There are so many aspects of this subject, any one of which would make a study for an evening, that, like the captain of a man-of-war, I must clear the decks for action; dealing in as few words as possible with the origin, nature, and development of this thing; and concentrating our time

and thought on the physical and mental effects thereof, and if at times, I seem to incline to the moral side, it is not that I have forgotten that I am writing a medical paper for nurses, but that it is almost impossible to do otherwise in discussing the dangers arising from that which, not only is a false religion, but which, beyond doubt, is destined in a few short years to become a terrific power for evil.

DEFINITION.

Naturally the first necessity is to define our subject. What is this thing known as spiritualism, or more correctly, ‘Spiritism.’

It is occultism, *i.e.*, that which emanates from a source not generally understood or recognised to exist, attributed either to a mysterious psychical power possessed by certain persons or media, or to the pretence of certain spirit beings who produce the phenomena.

Many of our leading and cleverest men take the first view, and one understands their view-point. For instance, Dr. Moll says: “I have explored telepathy cures from a distance, animal magnetism, table-moving, spirit rapping, materialisations, and so-called fire-media, but I never came across a single phenomenon which was not open to explanation, by those forces known to reputable science. I never thought it necessary to call to my aid the hypothesis of spirit intervention, or of mysterious psychical forces, to explain such manifestations as came to my notice, but I have often been thwarted in my object, because the conditions I imposed were not adhered to. The common subterfuge of the spiritualists, of course, is that the very presence of a sceptical person and the observance of strict conditions, frustrate the manifestations of the spirit world.”

To my mind that “but” rules him out of court as a judge, because by his own showing he has never succeeded in giving it a fair test.

Let me quote what others say about it. “The Bible recognises not only the material world, but a spiritual world intimately connected with it, and spiritual beings, both good and bad, who have access to, and influence for good or evil, the world's inhabitants.”

Again, “It is a revival by Mary and Kate Fox, of the demon worship of the ancient Pagans,” and again, “It is an out-

burst of demonism, which is a predicted and ominous sign of the times, and rightly styled a trinity of evil, trickery, delusion, diabolism."

Only time and the occasion prevent my proving to you that it is identical with necromancy, witchcraft, divination, and astrology. Fortune-telling, palmistry, as practised, crystal-gazing, etc., all are its children; while it is intimately related to Christian Science, and the multitude of new religions that fill our Saturday's paper, which Pember likens to "Chips of Marble, some having more of one colour and some of another, but which, when fitted together again, show a perfect pattern, and that pattern is spiritism."

Spiritism, then, is an effort on the part of humans to establish an unlawful intercourse with spirit beings on another plane. These spirit beings are not what they pretend, and by many are believed to be the spirits of the departed dead; and this intercourse is strictly forbidden, and condemned by the Creator Himself, of this we have abundant proof. The Bible, from Genesis to Revelations, is consistent and awful in its denunciation, warning, and condemnation; the punishment meted out being death to the individual and awful judgment, if not utter destruction and annihilation to the community.

Read the history of the world before the flood, read the history of the Jewish race, and the Canaanitish nations, and you will realise what I mean.

But, in passing, let me give you just two passages illustrating this. Quote Deut. 18 10-11-12: "There shall not be found among you any one that maketh his son or his daughter to pass through fire, or that useth divination, or an observer of times, or an enchanter, witch, charmer, or a consulter with familiar spirits, wizard, or a necromancer; for all that do these things are an abomination unto the Lord" etc., etc. Leviticus 20, 27: "A man or woman that hath a familiar spirit shall surely be put to death."

I had an experience, some years ago, with an astrologer, who sent me a partial horoscope—it was a remarkably clever bait and only the remembrance of those passages kept me from following it up.

If there were no possibility of people having intercourse with familiar spirits,

guides, and controls, why this Divine condemnation? While the dreadful penalty stated surely indicates the wickedness of such practices according to the Divine Mind; it is a profane curiosity, a breaking through of the laws of God, to gaze at that which is forbidden. It could not be practised in countries where the Bible revelation is taught and believed by the mass of the people. Moreover, we are distinctly told that in the last part of this age "Many shall give up their old faith and listen to seducing spirits and doctrines of demons."

You remember, too, what we are told in the Apocalypse about the three unclean spirits coming up out of the pit and inciting the nations to war; if we have not at all events a foreshadowing of it in Europe to-day, what have we?

A recent writer discussing why victory is withheld from us says: "Spiritism, in these talks with the dead, thus seeks to draw aside the veil which God has seen fit to draw over the future life."

It has never accomplished any good results, never exposed a wrong, or detected a criminal, though many seances have been held for that purpose. So, in dismissing that aspect of the question, let me just say this; if it were good for us to know more of the future or of the life of those who have departed, we would have been told it.

-HISTORY.

Now, just for a few minutes before speaking of the danger of having anything to do with occultism in any form whatever, let us trace briefly the history of this strange belief.

A few decades ago, like a cloud upon the horizon, no bigger than a man's hand; to-day it threatens to cover the whole heavens, and is spoken of by many as the religion of the future. Then to trace the history of spiritualism, it is necessary to trace the influence exercised by evil spirits on mankind, since the earliest ages, and that influence began in the Garden of Eden, for indeed the forties of last century witnessed merely a revival of that, which is as old as Adam—for the power back of that revival is identical with that described by St. Paul, when he says, "We wrestle not against flesh and blood, but against Principalities and Powers, against the rulers of the darkness of this world, against

spiritual wickedness in high places—sometimes translated—wicked spirits in the heavenlies.”

Dr. C. Williams, author of “Insanity and Mental Specialist,” says: “I venture to predict that just as scientific men no longer consider it unscientific to admit that people in the body can hypnotize, influence, and control other people in the body, so very shortly it will no longer be considered unscientific to admit that disembodied beings can, and do, act upon and control in a somewhat similar way beings in the flesh. I have devoted the very best years of my life to the subject, and have arrived at the conclusion that disembodied beings can, and often do, obsess the fleshly inhabitants who people the earth’s surface.”

I never thought very much about this subject till lately, and my feeling since studying it, has been one of absolute amazement. Truly there are more things in heaven and earth than this world dreams of.

All through the Old Testament we see examples of the terrible results of tampering with occultism. In the 1st Chron. 10-13, King Saul, you remember, died because he enquired of one that had a familiar spirit; and secular history supplies abundant evidence of its existence in all parts of the world, down to the present time, while Paganism has ever been closely associated with spiritism and necromancy

Readers of the “Life of Mary Slessor” will know that in parts of Africa, if twins are born, both mother and babes are left to die, if not actually killed, because it is supposed one twin must belong to an evil spirit. Probably you also know that in such lands as China and India little girls are daily being sold to the temples to be married to the Gods, and their parents think it an honour.

I have read that frequently before a crisis in the world’s history, there is unusual activity in the spirit world—certain it is at the time of the first advent—they furnished abundant evidence of their presence and power, but when Christ came into the world, he brought a new light with Him, and wherever that shone it dispelled the darkness of Paganism and the powers of evil were driven back. As Milton so beautifully expresses it:—

“The oracles are dumb, no voice or hideous hum

Runs through the arched roof in words deceiving.

Apollo from his shrine, can no more divine

With hollow shriek the steep of Delphos leaving.

No nightly trance or breached spell,
Inspires the pale-eyed priest from the prophetic cell.”

You cannot read English history or literature, Shakespeare for instance, without meeting frequent references to witchcraft, nor need I remind you of the nation’s opinion of it. Lord Halifax shows that it is identical with the spiritualism of to-day.

Let me quote extracts from his arresting comparisons: “What is the essential difference between such tales and the accounts, say, of the Delphic Oracle, and the Pythonesses, with their tripods, and the trance into which they were thrown? What, I say, is the difference between all these accounts of ancient necromancy, witchcraft, and dealings with the unseen and the professed and acknowledged claims of the spiritualism of to-day.”

The modern phase, as we have already seen, commenced about the middle of last century, when the discovery was made in America, that communication could be established with the spirit world by means of the alphabet. The first message thus transmitted was a typical lie: “We are all your dear friends and relatives.” The movement thus commenced spread across America like prairie fire till its adherents were numbered by millions. It has been well said, we have travelled a long way since then, and the occult has become so fashionable as to supersede all other religions, for the last thirty years, under various names, it has been extending its influence. Prior to the war the United States and Australia were its strongholds, now England seems to be coming its chief centre.

Another writer, twenty years ago, speaks of “Psychical epidemics, yielding to no arguments of reason, whose career the law seemed impotent to really check.” He tells how in the latter part of the eighties there was one society of occultists in Berlin, while in 1900 there were some nine rival societies; what must they number

now? He thinks the swinging of the pendulum to occultism, mysticism, and superstition is the natural reaction from the extreme materialism rampant in the sixties of last century, quite possibly. Certainly it is rapidly bringing about the condition of things we are told to expect in the terrible "Day of Preparation." Adapting the words of Dr. Mott: "The present sociological conditions prevailing in Germany as well as in other countries (we might say in the world) offer a fertile ground for this psychical epidemic." (That was nearly twenty years ago.) What of the added and terrible fertilisation of the last three years? Is it any wonder all things considered, that a crop has sprung up surpassing the wildest imaginings of Mr. Mott, so that to-day spiritualism is advertised by over 200 periodicals, and claims 60,000,000 adherents, including the highly cultured, intellectual, and the influential of many lands. Sir Oliver Lodge, Wallace (Astronomer), Conan Doyle are names well known in the world of science.

Its influence in the religious world is terrible, many even of our Ministers having been ensnared, and think, too, of the black cloud of superstition engendered in our own lands—tokens, images, charms of all descriptions, sold to the army by millions and believed in by our soldiers and their friends. Slot prayer machines in the streets of England's cities, and, of course, mascots in every regiment, as on most motor cars; and now, by the discovery of some sort of morse machine, the medium is becoming unnecessary. Independent communication, so I have read, being established between the individual and the spirit world.

If we had a similar medical invention we might abolish the bacteriologist and his media when investigating microbes. Think what that would mean?

DANGERS.

I could tell you much more concerning all this, but my object to-night is not merely to interest you, but rather to appeal to you as a body of nurses to warn others of the dangers involved. This would be our clear duty were it only a destroyer of the body, but because it destroys the body, unhinges the mind, and it produces a spiritual wreck, therefore it is our threefold duty to warn all we can against it, especially at a time when not only is mental healing

rampant, but as an English writer says (Willomatt): "Its claims are appealing to so many with irresistible force; it promises to satisfy the deep cravings of many bereaved hearts; hundreds of thousands are powerfully tempted just now; their loved ones have fallen in the war. Spiritualism claims to put them in touch with these departed ones."

How well we can understand the temptation. We know what it is "to yearn for the touch of a vanished hand, and the sound of a voice that is still." Spiritism claims to satisfy this longing, and open communication between the living and the dead. It is the very element of truth it contains which makes this claim so overwhelming to many an enquirer. Some one goes to a seance, a total stranger to all present, and possibly sceptical, if not actually antagonistic. He there receives a personal call through the lips of the medium (such cases are frequent) and is put in touch with the supposed spirit of a departed friend, who establishes that identity by relating facts known only to himself and that friend. Herein lies the danger.

Just as of old, those who sought advice from the oracles were told a certain amount of truth in order to entice them later to their destruction, so present-day enquirers into spiritualism are frequently enticed on by the very truthfulness of the communications they first received. Thus believing themselves to be in direct communication with their departed friends, as spiritualism claims. Now, just here the unwary and unwarned fail to see two things. First, the truth of the facts communicated in no way proves the identity of the one making the communication; and secondly, the inhabitants of the spirit world—not "departed humans"—are possessed of quite sufficient intelligence and knowledge of human affairs to assume the supposed personality. Moreover, even if spiritualism were able to put us in touch with the departed, for that very reason it stands condemned in God's Word, and to have any dealings with it is wilfully to oppose and defy the strongest possible denunciation of God.

We have already seen that the hand stretched out from the unseen world is not the hand of a departed friend, but something far more terrible.

In the able article by Viscount Halifax, "Raymond, some Criticisms," we read: "Every instructed Christian knows that he has no right to meddle in such matters." And why? Because we are not the only inhabitants of this world in which we live; because we are surrounded by, and exposed to, the influence of numberless spiritual agencies, of which some are good and some are bad.

This, Sir Oliver Lodge himself acknowledges—it is quite possible, all experience proves it, for men and women to expose themselves to the most terrible dangers; dangers of which they little know either the extent or the depth, by bringing themselves, through dealing with forbidden things, into the power of those who are ever planning and endeavouring to compass their destruction. Its consequences may not always be immediate, but of the general result of spiritualistic practices there can be no doubt. They are ruin—intellectual and moral, sometimes actual madness, and oftener than some may suppose, all the signs that accompany diabolical possession. If for nothing more than its physical effects, spiritism should be condemned.

We are commanded to cultivate as one of the graces, self-control (translated temperance), and we know the physical harm done by even a temporary loss of control caused by some passion—while spiritism lessens, if not destroys, that control, as you shall presently hear. Moreover, that control, once given over to another, is intensely hard to recover. In fact, one of their own leaders says that "when the votaries of spiritism enter its inner circles they have no desire to turn back," and even in lesser cases the road back is as difficult, rough, and beset by persecution as the road in is easy."

I have read of a victim who had a horrible feeling that something was gripping her shoulder and she longed to be delivered, but would not at the price of denouncing spiritism

Canon McClure says: "This is a matter which needs to be strongly impressed on people of a morbid curiosity, and on that section of the public, who, with a levity that is nothing less than revolting, intrude on regions beset with extreme danger. The dabbler may with ominous facility become a miserable victim; the

follower of what he or she thinks to be a fashionable quest is setting out on a path, whence the retracing of steps may be found a struggle of terrible intensity."—(Canon McClure's Spiritism.)

Pember says: "Man is a spirit in prison and so he must be content to abide till God unlocks the door of his cell. But if he will have instant enjoyment by a premature excitation of those potentialities which are reserved for future development, he can only do so by felonously breaking through his dungeon bars and thus shattering the harmony of his present nature."

Speaking of the spirit of the medium leaving the body (and if you wish to see the dangers attending that, read the "Necromancers"), and another spirit in control taking possession, he says: "The unlawful confusion brings its own punishment—in addition to the fearful judgment to come. For our bodies appear to be not only a prison, but a fortress, and is not probably devised for the very purpose of sheltering us in some degree from the corrupting influence of the demons. In its normal condition it effectually repels their more open and violent assaults, but if we once suffer the fence to be broken down, we are no longer able to restore it, and are henceforth exposed to the attacks of malignant enemies."

Miss Showers, of whom Pember tells, was the daughter of an Indian officer, who became a medium at the age of sixteen years, and (says her mother in writing of her) she will probably never entirely recover from the effects of the spirit manifestations. She lost the use of her limbs and lay in a partially cataleptic state of utter helplessness for more than six months—with the awful, unspeakable reality of spiritualism ever before her.

A student of demon possession, as described in the New Testament, and as witnessed in heathen lands to-day, is supplied with much evidence as regards the physical harm done to the victims. They cut themselves with knives, throw themselves in the fire or the water, do all manner of loathsome things to their bodies; and again, in our own time and lands many suffer not only unnecessary illnesses, but even death, because they consult the wrong persons. Many a one has signed their death warrant by neglecting to go to a

qualified doctor, preferring to dabble in occultism. But enough of that. Mental disease is worse than physical, and the effect on the body is as nothing to that of the mind. But my pen is hopelessly inadequate; one wants the pen of a ready writer and words of fire to do justice to this subject. Lacking both, I shall call to my aid some of our mental specialists, who know so much more than I, and can speak with authority.

I have already read two of our New Zealand doctors' letters. Dr. Robertson, of Edinburgh, who has studied it long, and is disinclined to take the view of spirit possession says that "he felt it to be necessary at this time, as the result of several cases that had come under his care, to utter a note of warning to those who were seeking consolation in their sorrows by practical experiments in the domain of spiritualism. He would remind enquirers into the subject that if they would meet those who were hearing messages from spirits every hour of the day, who are seeing forms, angelic and human, surrounding them, that are invisible to ordinary persons, and who are receiving other manifestations of an equally occult nature they only required to go to a mental hospital to find them." Continuing, "He warned those who might possibly inherit a latent tendency to nervous disorders to have nothing to do with practical inquiries of a spiritualistic nature, lest they should awaken this dormant proclivity to hallucinations within their brains."

Dr. Forbes Winslow expressed his opinion that a large proportion of the cases in a lunatic asylum are cases of possession, and not of madness. He distinguished the demoniac by a strange duality, and by the fact that when temporarily released from the oppression of the demon, he is often able to describe the force, which seizes upon his limbs and compels him to acts or words of shame against his will. Apropos of which, in an article by Mr. H. W. Seager, he says: "I met a lady by appointment, who had been a spiritualist, and in consequence had been confined to an asylum. She made a rather remarkable statement to the effect that half of the people in asylums were not mad, but possessed, and said she was able to distinguish between the two, because she was a medium."

The same writer says: "Many families have had their home circles broken up, by its members having to be confined in lunatic asylums, and moreover, it is not uncommon for the spirits to recommend married couples to separate, and form so-called affinities."

Do you wonder the late Dr. Talmage said of it "It is an unclean and damnable thing. For the sake of man's honour and woman's purity, let the last vestige of it perish for ever."

A PERSONAL EXPERIENCE OF THE BALEFUL INFLUENCE OF SPIRITUALISM.

Some years ago I was called to a patient (suffering from acute pneumonia), living in one of the many suburban houses of a familiar suburb of London. The first impression received was that of admiration for the general physique of the patient himself; a remarkably fine looking old man, whose crimson skull cap accentuated the snowy white hair and beard. It was obvious that intellect of a high order registered itself upon the lofty brow of the old gentleman, and the statement by the doctor that here was a brain second to Shakespeare, was readily received as a probable fact by me.

I then became aware that the room was lined with shelves of books—books and pamphlets everywhere, and the vocation of the patient was plainly seen to be that of poet and author. At one time this man and his family had lived in affluence and had been lionized by high society. On looking through these books I discovered that years had been spent on writing volumes on ancient Egypt, the Light of the World, denying the inspiration of the Bible as the word of God. Spiritualism was set on the throne of worship in this particular house. What was the effect which soon became apparent to my mind? As I had been ignorant of the character or condition of the family, I had been called in to professionally assist.

First, there was a terrible hopelessness in the attitude of the eldest daughter, herself a very clever woman who had a high position in educational work. She was devoted to her father, but could do nothing but stand for hours gazing dejectedly at him. She appeared to never take any food, and presently the secret

came out, and she was obliged to succumb to the deadly influence of brandy drinking, which had alone kept her going for days. In bed she would lie for ten days or a fortnight, utterly and helplessly drunk.

Secondly, there was a chaos in household management, poverty was extreme, disorder and incapacity seemed to reign in the domestic region, and a sinister evil seemed to have the upper hand. One day the wife appeared in the bedroom with the evident intention of saying something to soothe and cheer the mind of her husband. She told him that she had been in communication with the spirits of two daughters who had died years before, and that they were waiting for him to come to them.

The effect was electric in the sudden rousing of the old man's gradually weakening powers. He became enraged and furious, and as if possessed by an evil spirit. He laid hold of anything that was near, in the shape of a watch chain, glasses, bottles of medicine (which had been on a small table near the bed); these he flung across the room and out of the window causing a terrific noise and creating an atmosphere of fear and dismay. The wife took her departure and paid no more visits to the sick room.

The frenzy of the old man gradually subsided and he sank lower and lower, yet his vitality seemed to be held in the power and grip of some invisible chains, and for four days and nights he lay dying and struggling with death; apparently given over to the possession of those beings he had surrendered himself to. His influence had been strong on those around him, and he had been the means of destroying their faith, and in consequence had robbed himself and his family of any consolation afforded by the belief in a living Christ, nor did they know of the presence of the one true spirit promised by Him to His followers while here on earth.

It is needless to say how thankful I was to leave such an atmosphere, one which has always remained with me as an example of the powers of darkness and of the effect of human tampering with the unseen.

EXTRACT FROM A LETTER FROM NURSE STINSON, CHINA (Dunedin Hospital).

A couple of weeks ago a young woman tormented by a demon died here. Her mother and husband and two children came with her and all lived in one room. Does it sound like a hospital?

It was a terrible death, and really from fright. She came in to escape the demon, and had slight pneumonia and a weak heart; but the day she died suddenly, she was really well except for her heart. If you will read in your Bibles of demons attacking people, you will get some idea of what happened here. I only saw her once—the second time—and she died the third time, her weak heart being unable to stand the awful fear. I actually trembled myself and we all four of us prayed, but like the disciples, who once failed, we failed also.

The woman was quite unconscious that we were with her, and wrestled and struggled and implored some unseen thing to leave her. It was so real that we felt the reality—nobody struggling for life with a visible foe could have been more terrified. She shrieked and shrieked, and said "You came when I was alone," though we never left her alone. She poured with perspiration, her face was purple, and at times she trembled violently. When it was over she panted fearfully. She asked us why we had left her.

The first time she said some huge horror attempted to take her away. The second time she said there was no heaven and no earth, and the text it brought to my mind was this: "A horror of great darkness fell upon him. No help for her anywhere, but this awful wrestling in the horror of great darkness. How awful is the power of Satan and his followers, and in China he is worshipped.

We are nearing the fifth Moon, and the first five days are wholly given up to the Dragon Festival—that old serpent also called the Devil and Satan. The time is at hand when he will be bound for a 1000 years, and because the time is short, he is fiercer than ever, and spiritualism flourishes in the West.

Life in a Sanatorium

In attempting to write an article for a magazine, with the temperature at 90 degrees in the shade, one ought not to take long in warming to the work; but the fact of it being one's maiden attempt to walk in the paths of journalism, is inclined to make one feel hot and cold alternately.

On arriving at the Sanatorium, where the writer has resided, one is surprised to find such a complete little township on the top of a hill, so secluded and still so well provided with all that is necessary to make life go along with an easy swing. Electric light is installed throughout, also electric bells to each shelter. The water supply is obtained from an artificial dam of 40,000 gallons capacity, and pumped to a height of 400 feet, into a concrete reservoir, which has a capacity of 7,500 gallons. True we have no electric cars, but then we are not troubled with the dust nuisance, nor the noise and hubbub of traffic. One has only to take a walk round the institution and see the healthy glow on the faces of the inhabitants to see what a haven such a place as a sanatorium is for the searcher after health. Coming from the bustle of the city, or the long hours of toil in the country, the first few days in the Sanatorium often seem tedious, almost tiresome. So much time to be spent in absolute rest; the sudden turn from the strenuous life seems to bewilder the patient for a little while, but after that, dull care invariably departs, the stimulating effect of the beautiful fresh air, the vigour only known to the dweller in the open, takes charge, and the fact of the patient knowing that he is on the right road to health makes him happy and cheerful. He hears the sound of the gong in the morning, not with the feeling of weariness so common to the town-dweller, but with a feeling of eagerness to be up and about. A cold shower, which a week ago he would have considered suicide, is now a joy. Meals are taken "al fresco"; no rushing off to train, car, or boat with not a minute to spare, but copying, as far as possible, the manner of our ancestors.

And so the days pass by until Sunday comes, with the weighing in of all patients. Around the scales each Sunday morning is discussed the chances of having lost or gained weight during the week; the proud

look of one of the men when told he has gained six pounds; the disgusted look of the lady who has been told the same thing, are all noted and commented on. A beautiful porcelain flower vase is open for competition for the patient gaining the most weight in the week, and the winner has this before him at meal times, filled with beautiful flowers, until the next Sunday, when he must show cause, in bulk, why he should retain it.

Frequently an entertainment takes place in which the patients take part. A very popular form of entertainment is the "Fancy Dress Parade." For a day or two previous to such an entertainment being given, the patients find food for thought in the matter of choosing a suitable character to represent, and the success achieved by the different impersonations only goes to show the amount of talent that can be safely stowed away in one building, and which is being lost to the outside public. The entertainment is usually opened by a Grand Parade of all the characters, to the tune of "I'm glad I'm here, I am," or some such appropriate theme. Music and cards are also indulged in, and one must not forget the billiard table, which is a very popular institution the whole year round; and so, many evenings are spent, which, to many of the participants, become very pleasant memories.

At the time of writing, many pleasant outings in the form of blackberry picnics, are arranged, when all the available vehicles in the Sanatorium are brought into service to convey both patients and staff to the picnicing ground. Occasionally a visit is paid by musical societies, and their entertainments are much appreciated. A splendid library of some 500 volumes caters well for those who take an interest in reading.

In closing, I would just like to mention one or two rather amusing instances that have come under my notice in reference to letters received from ex-patients or their friends. One gentleman, whose wife had been a patient in this institution, was written to asking if he could see his way clear to pay off a little of the amount due to the Sanatorium for his wife's treatment. The answer I quote in full; it deserves it;—

Sir,—Yours of the 1st instant to hand, re account due to institution. I know perfectly well I owe this amount to the above, and I also intend to pay the same, but at present I have three ugly things in life looking me straight in the face. First, Occupation, labourer; second, young family; third, exceedingly delicate wife. Hoping

you will never be in the same position. Yours, etc."

Another patient, on being written to in the same strain, addressed her reply to the "Satantorium." Well, we do get it pretty hot here at times, but I don't think it has quite come to that yet.—"MOA."

Christmas in the District

Christmas here was just beautiful. We had a very good sum of money, somewhere about £8 or £9 given to us for Christmas presents for all of our patients. Each patient was presented with his or her Christmas dinner and an envelope containing 10s or 5s. I started out early on Christmas Eve morning to do my general work, and finished about 2.30 p.m. Then Miss Taylor and I packed hard for an hour or two, packing about eighteen parcels containing either chicken cooked or lamb and green peas, potatoes, and various kinds

of fruit, then Miss Handly kindly brought her motor car round, and we piled it up with all our parcels, and set off round the district. It was beautiful to see the happy, excited faces of the old people, who could not keep back their tears at being remembered at Christmas time; it was worth a great deal more labour than it took. We arrived back in town about 7.30 p.m., tired out, but so happy at the thought of those happy, thankful faces, in the poor, tumble-down old homes.

"Nurses' Day" at Auckland Hospital

A garden fete in aid of the New Zealand Nurses' Memorial Fund was organised by the nursing staff, and was most successfully carried out. It was held in the hospital grounds on March 9th, and was largely attended. Miss Maclean, R.R.C., opened the bazaar in an appropriate speech, explaining clearly the object of the fund, and stated that 500 New Zealand sisters in the field had done splendid work, thirteen having made the supreme sacrifice. Dr. Maguire Medical Superintendent, proposed a hearty vote of thanks to Miss Maclean for coming such a long way to open the fete, and it was cordially passed.

The stalls were erected on the tennis court, and were beautifully decorated and filled with a varied assortment of attractive goods, which were readily disposed of. The stallholders were: Sweet Stall—Sisters Robins and Rudd, Miss Williamson (lady dispenser). Cake Stall—Sisters Brown, Gillanders, Bell; Produce Stall—Sisters Whalley, Cox, Watson, Mander;

Fancy Stall—Sisters Cussen and Bannister, Nurse Westneat; Flower Stall—Sisters Stanley and Williams; Ice cream and fruit salad—Sisters Keyes and Le Gallais. Afternoon tea was arranged and dispensed by the fourth-year nurses. There were also various side shows, bran tubs, fortune telling, dancing, etc. The Third Regimental Military Band very kindly gave their services, and helped to make the afternoon very pleasant. Sister Crozier was a very efficient secretary, and general organiser. The proceeds amounted to £211.

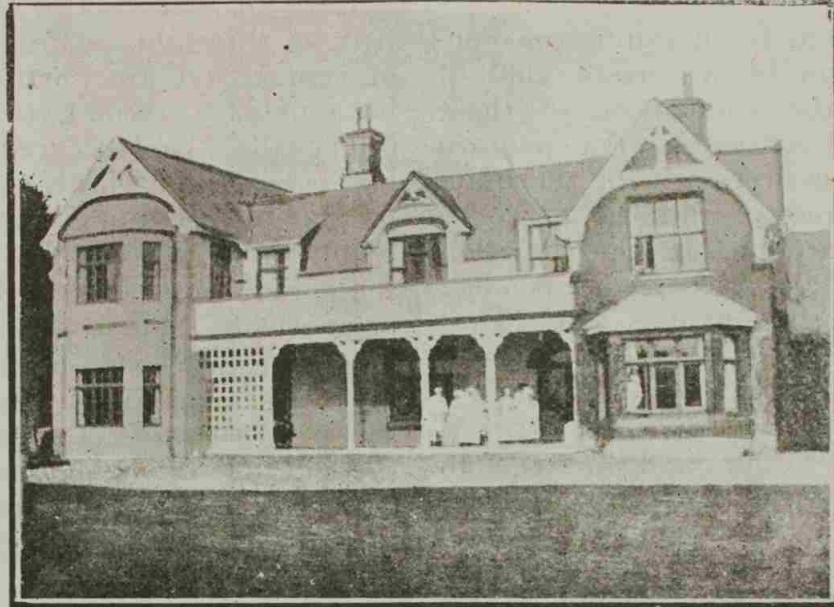
In a letter from the Secretary of the Central Committee of the N.Z.N.M. the following warm appreciation of the Nurses' effort is conveyed:

"Will you be so good as to convey to the Auckland nurses the very warm thanks of the Central Committee of the N.Z.N.M. Fund for their very fine contribution which brings the total collection very close up to £5000, all of which has been (or will be) invested in the N.Z. War Loan."

St. Helens Hospital, Invercargill

The St. Helens Hospital, Invercargill, was officially opened on March 22nd, in the presence of a large number of Southland

ing day, and very proud we felt of our sturdy young citizens. Now we are working comfortably with every convenience, in



St. Helens Hospital, Invercargill
(before alterations and additions).

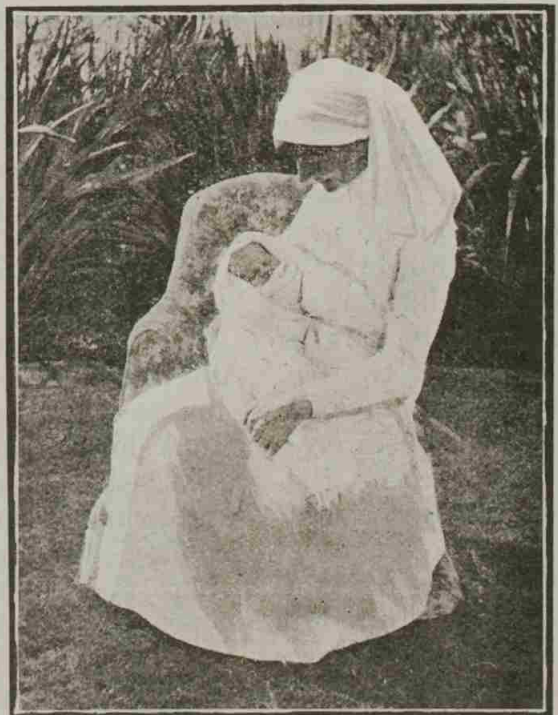
people, who had so generously subscribed (£1036) to the furnishing fund. Afternoon tea was dispensed in the garden by a number of willing helpers, and the hospital was open for inspection. Our visitors wandering about, expressed great surprise that St. Helens Hospital could be so comfortable.

The ground floor consists of two wards, nursery, theatre and offices, sanitary block, nurses' duty room, staff dining-room, and kitchens, entrance hall, corridor, and wide verandahs. On the top floor are the staff rooms, and opening on to sunny balconies.

The hospital stands in the midst of five acres of delightful lawns and gardens surrounded by fields and a beautiful natural bush, where the nurses are usually to be found when off duty. For a profitable recreation we have a miniature farmyard, where pigs and fowls flourish under the care of an old Scotch gardener.

Our baby work promises to flourish equally well, forty-nine having already been born here, most of whom returned for the open-

(at least in our opinion) the most delightful of all hospitals.—E. D. Stubbs.



Matron (Miss Stubbs, late of N.Z. A.N.S.) of St. Helens Hospital, Invercargill, with the first baby born at this Hospital.

Pain

Pain is present in nearly every diseased condition at some period, and there is no symptom which is more important from the patient's point of view nor any which is of greater moment in diagnosis.

DEFINITION.—Pain is an impression conveyed to the brain by a certain kind of nerve fibres on the stimulation of those fibres by harmful agencies. For pain to be appreciated it is necessary for the brain to be able to perceive, and the nerve to convey the impression. If the function of either brain or nerve be suspended, the capacity of feeling pain is lost. That the sensation of pain is carried by special nerve fibres is proved by the fact that in a disease of the spinal cord called syringomyelia, pain sensation is lost, though some other sensory functions are retained. Nevertheless, over stimulation of any sensory nerve produces pain, *e.g.*, an extremely bright light, or a piercing sound causes actual pain, though the optic and auditory nerves serve only the functions of sight and hearing.

MODE OF PRODUCTION OF PAIN.—The manner in which the nerves which convey the sensation of pain are stimulated is mainly by mechanical pressure or stretching, as in injuries and the pain caused by inflammatory exudations; but pain may also be excited by chemicals, and by toxic substances circulating in the blood.

CAUSES OF PAIN.—These are broadly injury and disease, usually in the part where the pain is felt. It must not be forgotten, however, that in referred pain, to which allusion will be made later, the pain may be felt as a part distant from the source of trouble. And further, it has to be understood that just as the brain may have misinterpretations and imaginings in regard to the special senses, seeing things that do not exist, and hearing sounds that are not uttered, it may also have hallucinations of pain. There may be sensation of pain which is not produced by any cause in the part which the individual believes the pain exists. As such pain is not the result of any stimulation of the peripheral nervous system, but depends upon some disorder of the central nervous system, we speak of it as central pain.

Centrally produced pain is not uncommon, and is a great stumbling block in diagnosis and treatment. It is particularly frequent in subjects of neurasthenia.

USES OF PAIN.—The use of the sense of pain is threefold. First, to give warning of things that are hurtful, that they may be avoided; second, to call attention to injury that has occurred or disease that has begun; and third, to compel that rest to the diseased or injured part which is required for its recovery.

EFFECTS OF PAIN.—Severe pain, and pain which though perhaps not severe is long continued, have untoward effects upon the body apart from the condition causing the pain. Pain is a great factor, possibly the chief factor, in the production of shock. In a severe injury or operation the reception of painful impressions by the brain causes great depression of the activities of the vital nerve centres, primarily of the vaso-motor centre, which causes that dangerous and collapsed condition we know as shock. Long continued pain causes alteration in the nervous system, so great perhaps as to change the disposition of the individual from a normally cheerful, placid character to a fretful, irritable, suspicious nature. Chronic pain is one cause of neurasthenia, which in that case may be looked upon as chronic shock, and the treatment of the nervous condition should begin with the treatment of the condition which is the cause of suffering.

SENSIBILITY TO PAIN.—The acuteness of the perception of pain varies greatly in different races and different people, apart altogether from fortitude under pain. Just as some people have greater visual acuity or greater delicacy of the sense of touch than others, so some have greater capacity for feeling pain than others. The black races on the average do not appreciate pain as do the white. Generally speaking the lower the race the less the sense of pain, and the more cultured, the higher the brain development, the keener the sense becomes. Lunatics often show scarcely any discernment of pain.

Different tissues and parts of the body also vary in their susceptibility to pain. The fingers, especially about the nail roots,

and the eye are probably the parts most sensitive. The skin as a whole is very sensitive. Muscle and bone, the synovial membrane of joints, the parietal peritoneum and pleura are all keenly responsive to pain. On the other hand, cartilage, tendon, ligaments, fibrous tissue, and subcutaneous fatty tissue are much less sensitive. In stitching a wound without an anaesthetic, it can readily be seen that the needle may be passed from within the wound outwards, and little pain is felt until the point begins to pierce the under surface of the skin. The cervix uteri has little pain sensation; it may be grasped with tenacula without any disagreeable sensation unless it be pulled upon or stretched.

Contrary to what might be expected, the intestines are devoid of pain sensation, pain that seems to arise in the stomach or bowels being really felt in the abdominal wall overlying. If a loop of bowel protrude through an abdominal wound it may be handled, cut, stitched, burned, or ligatures tied round it, and the individual has no knowledge of it; but if it is pulled upon, causing dragging upon the mesentery, a heavy sickening pain is produced. Still more surprising, the brain substance is insensitive to pain.

CONDITIONS MODIFYING SUSCEPTIBILITY TO PAIN.—The mental attitude has a great influence on the perception of pain. Excitement, surprise, or other mental distraction may cause pain to be quite unnoticed. Fear enhances it, if it be fear of pain itself; but if the fear be for personal safety or life, the greater dread may abolish perception of the lesser evil. The irritability brought on by weakness often magnifies what would normally be slight discomfort into unbearable pain. In persons gravely ill, particularly when overwhelmed by some toxic condition such as typhoid fever or septicæmia, the faculties become so blunted that they are largely oblivious of suffering. This is so marked that patients on the verge of death sometimes claim to feel better. In conditions of partial or total unconsciousness, whether from anaesthetics, head injuries, meningitis, apoplexy, fits, or the coma of diabetes or uraemia, pain sensation is either much diminished or altogether lost—a point that cannot be too strongly insisted on in relation to the use of hot water bottles. In certain diseases of the

nervous system, and in paralysis of sensory nerves from disease or injury, the sense of pain is diminished or lost, while neuritis greatly increases it. Narcotics diminish sensitiveness, but persons habituated to their use, when not under their influence are hypersensitive. This is particularly so in regard to alcoholics and those addicted to the use of morphia. Anaesthetics abolish pain.

TOLERANCE.—There are again great racial and individual differences in the tolerance of pain. The indifference of the Red Indian is almost proverbial, and is a result of training. The Chinese and Japanese are most stoical under pain, not from inability to feel it; whereas the excitable Celtic races, while capable of suffering unflinchingly, as a rule bear pain impatiently. The nervous and highly strung are apt to magnify discomfort; the calm philosophic spirit depreciates it. It is curious that many people will bear the pain of injuries uncomplainingly, who are impatient of the aches caused by disease.

Women are generally credited with bearing pain better than men, and probably that is so; but they are much more prone to dissimulation in regard to pain than men—both in concealing and in exaggerating it. This is a point of some importance in dealing with patients, as the occupant of the male ward can be relied upon to make known the fact that he has a pain, and mostly will not make trouble about it if he has none. On the other hand, women will often refrain from calling attention to pain which has real bearing on the case, and at the same time harbour a grievance that enquiry is not made. Again, frequently they will make such complaints of pain which is trivial.

The statements of children as to pain are most reliable. They do not dissimulate unless spoiled and led to expect commiseration and comforts for slight ailments. The most heroic bearers of pain are often met in young boys.

CHARACTER OF PAIN.—Quite a vocabulary of adjectives is used to describe the various qualities of pain. It is spoken of as dull, sharp, cutting, stabbing, prickly, burning, darting, throbbing, heavy, aching, smarting, gnawing, catching, nagging, bearing-down, griping, and so on. An accurate description of the kind of pain

is valuable as an aid to diagnosis, for experience teaches us that certain conditions are associated with certain qualities of pain. For example, throbbing pain is characteristic of acute suppuration; the pain associated with uterine displacements is dragging; gnawing best describes the pain of chronic gastric ulcer; prickly pains are often complained of, in neurasthenia; catching pain is felt in pleurisy during respiratory movement; and in locomotor ataxia there are what are called lightning pains, which shoot down the legs, so called from their lightning-like coming and going, which are quite characteristic of the disease.

ONSET AND DEPARTURE.—The manner in which the pain starts and ceases is also of importance. It may come on gradually, suddenly, insidiously, or violently. It may slowly die away, or abruptly cease; it may be constant or spasmodic.

In a case of peritonitis it is advisable to ascertain, if possible, the origin before operating. Many things may give rise to peritonitis; for example, local inflammation, as in appendicitis, or perhaps perforation of some viscus, say, the stomach. Now, if there was a sudden onset of violent epigastric pain which compelled the patient at once to adopt a rigid attitude for fear of exaggerating it, a perforation would be suggested, and further enquiry might disclose a history of gastric ulcer. On the other hand a more or less gradual onset with increasing pain would point to inflammatory origin, and one would enquire for previous attacks of appendicitis.

In a jaundiced patient the history that the jaundice followed a sudden severe spasmodic pain would indicate gallstones; whereas the pain being of a dull constant type will make one think rather of catarrhal inflammation of the bile duct.

Again, in the later months of pregnancy, the onset of abdominal pains may raise the suspicion that delivery is at hand. Then if the pain comes on gripingly and irregularly, and is felt in front only, there is a probability that it is merely flatulence, and a gentle purge or an enema may give relief. But if there is a regularly recurring onset, with increasing intensity, and it is felt at the back, it is more likely uterine and there is likelihood that it is the commencement of labour.

TIME OF OCCURENCE AND EXCITING CAUSE.—The time when pain comes on, and what produces it furnish valuable information. It sometimes recurs at certain definite periods, or is associated with certain special conditions or actions. Common instances of each are respectively, menstrual pain, the pains of chronic rheumatism which so commonly presage bad weather, and the pain on drawing breath which characterises pleurisy. In regard to menstrual pain some information may be gleaned as to the cause by learning the exact time when the pain occurs. If prior to the onset of menses, the cause is likely to be some ovarian condition; if immediately preceding the flow, and ceasing once that is established, some obstruction or spasm at the internal os probably exists; if the pain persists after the flow is established, some cause of congestion in the uterus itself, such as displacement, should be looked for.

Chronic inflammation of bone causes severe, aching pain which occurs characteristically at night, as in Brodie's abscess. Most people have had the experience of an intense ache in the jaw which wakes them in the middle of the night, and perhaps nothing can be seen wrong with the teeth, which may be well tended and stopped. Tapping the teeth sharply in such a case will show that one is tender, due to periostitis round its root in the jaw. In chronic iritis also, pain is generally worst after midnight.

The diagnosis of stomach conditions rests largely on the time at which pain, if present, is felt. If occurring immediately upon eating, ulcer is suggested. Pain which comes on two hours or so after food, is commonly experienced in dilatation of the stomach with fermentation. "Hunger pain" felt when the stomach is empty, and relieved by taking food, is an almost certain indication of duodenal ulcer.

In cases of stone in the kidney or bladder it is often noticed that pain is excited by any jolting movement, such as riding or driving. Subjects of attacks of appendicitis also may find that for a few days after an attack they have to be careful in coming down steps, etc., and anticipate jarring by supporting the appendix region with the hand.

Extreme anal pain during evacuation of the bowels sometimes occurs without any evidence of the cause being obtained by inspection or palpation. In such cases a fissure may confidently be diagnosed, though an anaesthetic may be required to permit the anal margins being separated sufficiently to display the narrow crack lying between the folds of mucous membrane. A similar pain, but persisting for hours after evacuation may be hard to explain until careful inspection reveals a small, firm, bluish nodule, perhaps no larger than a split pea, at the anal margin. This is termed a "blind pile"; it contains a tiny blood-clot, and a small incision and evacuation of the clot gives instant relief.

In tuberculous disease of joints a noticeable symptom is that when the patient has just fallen asleep he wakes again with a sharp pain. This is termed "starting" pain, and is due to erosion of the cartilage covering the ends of the bone, so that as the muscles controlling the joint relax in sleep, movement of the raw surface of bone causes acute pain. The remedy is to apply extension to the limb, so that the joint surfaces are held apart and jarring prevented.

In fractures and dislocations no great pain may be felt at the moment of injury; but it rapidly becomes severe as the tissues become tense and swollen. In both fractures and dislocations accurate setting is the most important thing in relieving pain. Indeed the relief obtained is an excellent indication of the correctness of the position. If pain continues really troublesome, it may be assumed that the fragments are not fitting well, and readjustment to correct position, relax muscles, or alter the amount of extension weight, is required.

LOCALITY AND RADIATION OF PAIN; REFERRED PAIN.—Naturally the place where pain is felt is of prime importance, and hardly less important is the direction in which it radiates. Mostly the site of disease or injury is located very well by the pain which is in or over the part affected; but in many cases there is radiation of pain to distant parts along the course of further distribution of the nerve or nerve supplying the site of trouble. This is known as "referred pain," and it may lead the observer astray by directing attention away from the real source of mischief.

Again, it may assist diagnosis in a case where pain is somewhat diffuse in parts where several organs are closely grouped together. Instances of both the value and the pitfalls of referred pain are readily found.

In gall-stone, colic, and some other conditions of the liver, pain radiates up from the liver to the right shoulder and perhaps is felt in the right upper arm. In renal colic pain shoots down into the groin, and in men is frequently felt in the testicle. Thus the cause of colicky pain in the right side, which might arise from either liver or kidney, may be made plain by the direction of its radiation.

In disease of the heart, pain, if present, is felt usually over the heart, but often it radiates down the left arm. In pericarditis pain is felt in the epigastric angle just at the lower end of the breastbone. Owing to the position of the pericardium, directly in front of the gullet, there may also be pain in the chest on swallowing in pericarditis.

Pain in the ear is not necessarily due to any trouble in the ear, for it is at times a symptom of disease in the tonsil or in a back molar tooth.

As instances of the pitfalls of referred pain, there are cases of constant abdominal pain about the umbilicus, which may lead one to give exclusive attention to the viscera, when the real condition is spinal caries of the lower dorsal region causing pressure on the nerves of the abdominal wall as they emerge from the spinal canal; cases of pain in the hip joint, giving rise to suspicion of disease there when the cause is irritation of the prepuce; cases of pain in the knee joint with limp, bringing a healthy knee under suspicion when the real source of mischief is the hip joint; cases of pain in the back of the thigh and leg, diagnosed sciatica, but due to the pressure of a tumour in the pelvis on the nerves; and cases of pneumonia at the base of the lung, where, owing to the distribution of the lower thoracic nerves over the abdominal wall, the symptoms of abdominal pain and tenderness may lead to wrong diagnosis of peritonitis or typhoid fever.

PAIN AND TENDERNESS.—Pain in the region of disease or injury covers a much wider area than the part actually affected. The pain or tenderness elicited on movement

or pressure is more circumscribed, more accurately indicates the seat of trouble, and the point of maximum tenderness is directly at or over the focus of disease. In making such an investigation the least possible discomfort should be given, and once tenderness is located, it should not be repeatedly excited for the mere satisfaction of the observer.

Often in fractures the limb is so swollen that the normal outline of parts is obscured and one cannot tell by inspection where the bone is broken. By palpating along the line of the bone a point of maximum tenderness will be found, and movement causes sharp pain at the same spot; there the fracture lies. In a case of general abdominal pain a point of maximum tenderness found over, say, the gall bladder or appendix, enables one, along with other considerations, to arrive at a definite conclusion. Deep suppuration, as in osteomyelitis, causes pain and swelling over a whole segment of a limb, and the guide to the spot where incision should be made is a point where pressure causes greatest tenderness. And again, in Pott's disease of the spine there is rigidity over a considerable area of the spine, and the pain is over several vertebrae, but the particular vertebrae which are affected may be detected by the tenderness which they exhibit on pressure or tapping.

TOXIC PAIN.—There is a variety of pain which might be given this name, which is felt chiefly in the head, back, joints, and long bones. It is not associated with any morbid change in those parts, but occurs in conditions in which toxic substances are circulating the blood. It is most noticeable in the onset of acute feverish conditions. Headache is the constant earliest symptom in typhoid fever, as also in scarlet fever. In influenza there is pain in the eyeballs, felt chiefly on looking round, which is almost characteristic of the disease. General aching heralds the coming on of all acute fevers. Neuralgia and neuritis are also painful conditions, often of toxic origin. After acute or debilitating diseases there are often long periods of suffering from neuralgia, more distressing than the disease which caused it, particularly following influenza. Neuritis, in which there is actual inflammation of nerves, is a most painful condition af-

fecting any part. It may be excited by injury, but generally there is a toxic cause, such as gout, rheumatism, chronic constipation, diabetes, or alcohol. In diabetes it sometimes manifests itself as double sciatica, while in alcoholics there may be such tenderness of the skin that contact of clothing is painful, and there is characteristic tenderness of the calf muscles. The disease shingles, which is due to, or at least associated with, small hæmorrhages in the roots of the sensory nerves of the area in which the eruption occurs, may be exceedingly painful, the pain preceding the eruption and often persisting for months afterwards.

Headache is a symptom of a greater number of conditions than any other one pain. It may be of the nature of referred pain, or toxic pain, or may be due to some condition in the head. It may be trivial as in the headaches occasioned by stuffy rooms, passing gastric disturbance, or constipation. It may be due to eye-strain. It may be caused by alcohol or other drugs. It may announce the onset of disease, as in the fevers mentioned; or it may be a signal of such serious conditions as eclampsia, meningitis, cerebral abscess, or tumour.

PAINS AND WOUNDS.—The pain of wounds depends, firstly, upon the condition of the wound—whether it is healthy or not; secondly, upon the position of the wound—whether it is in a sensitive part or in a part that can obtain sufficient rest; and thirdly, upon the manner of its dressing. A clean, healthy, healing wound, with proper apposition of parts and properly dressed, should be practically painless, except when disturbed. Pain persisting in a wound for any length of time is due to inflammation, movement, faulty position or faulty dressing. Consequently any material discomfort in a wound is an indication for treatment. For the comfort of a wound the part must be placed in a position of rest, inflammation combated by appropriate measures, and no tension permitted within the wound from accumulation of blood, serum, or pus, nor any pressure from without by outward applications.

RELIEF OF PAIN.—One of the cardinal objects of medicine and surgery has always been the relief of pain. Primarily this lies in all measures for the cure of the condition causing the pain; but it is not

practicable always to await the cessation of pain brought about by the cure of the disease or injury. So a host of remedies are applied to assuage suffering apart from the actual treatment of the diseased condition. Those remedies may be divided into mechanical measures. Local applications, and drugs for internal administration. The following examples may be given in each class :

Among mechanical remedies there are splints and padding, bandages, strapping, and extension apparatus, all of which alleviate pain by controlling movement, and maintaining a position of ease. Such applications should give comfort and not irritate the patient. If they do they are not fulfilling one of their chief functions, except in occasional, special instances, where to gain a certain end it is necessary to use irksome appliances temporarily. Patients sometimes tolerate a great deal of discomfort from a badly applied splint or dressing in the belief that it must be so for their good ; but continued discomfort mostly means that one has not hit upon the best way of dealing with the condition.

Less obvious mechanical measures are those which relieve pain by removing tension or congestion, or pressure, such as an incision, a posture, removal of a foreign body, or the accurate setting of a fracture or dislocation. For example, in any suppurative condition the opening of the abscess gives immediate ease by removing the tension ; an aching finger that throbs while hanging down becomes more comfortable when elevated in a sling, thus diminishing the congestion of blood in it. The extreme irritation of an eye vanishes on the removal of an offending speck ; and the patient groaning with the pain of a dislocated shoulder becomes immediately cheerful when the bones slip in position. Gentle pressure and massage are mechanical means of treatment often soothing in painful conditions, provided they are not inflammatory.

Of local applications there is no end. They consist of heat, cold, local sedatives, and counter-irritants. Heat is one of the very best pain relievers, and may be applied dry or moist. For pain in the abdomen nothing is more comforting than a hot water bag or a hot fomentation. For pain in the chest a large hot poultice rarely

fails to give considerable relief. Dry hot sand or salt applied in a loosely filled bag to painful joints are excellent. In lumbago nothing is more effective than the ancient remedy of ironing the back with a hot flat-iron over a layer or two of blanket. Menstrual pain may obtain relief from a hot hip bath ; and a jet of hot air played over the part gives comfort in chronic rheumatism and sciatica.

Cold is more limited in its application than heat. It alleviates pain, but diminishes circulation in the part, and if continuously applied for any length of time tends perhaps to devitalise. In inflammatory conditions it is not to be recommended ; but for pain in the head it is a more acceptable application than heat. For this reason, in meningitis a coiled tube fitting the head like a cap, through which cold water is kept running, is sometimes used. It is called Leiter's coil. Cold produced by evaporation, as by spirituous lotions, is sometimes useful. An icebag is the most common form of cold application.

Local sedatives are applied in the form of various liniments, lotions, plasters, and ointments, which act partly by softening and moistening, and partly by the pain reducing properties of the drugs incorporated in them. Examples of such applications are liniment of opium, lead and opium lotion, Belladonna plaster, and ointment of cocaine.

Counter-irritants act in a manner which is not clearly understood, though the method has been instinctively employed ever since man had pain to relieve. They are applied to the skin over the site of pain, and possibly relieve congestion of the deeper parts by causing increased flow of blood to the overlying superficial parts ; or perhaps they act in some way reflexly through the nerves, diminishing pain conversely as referred pain is produced.

There are all degrees of counter-irritation, from the mildest reddening of the skin to actual cautery. Iodine, turpentine, mustard, blisters, cupping, and red-hot iron are examples of counter-irritants in an order of increasing strength. Painting with a strong solution of iodine once had great vogue in all chronically painful conditions. Turpentine in the form of stupes is very useful in acute pain. Mustard poultices are particularly useful in painful inflamma-

tions in the chest. Blisters applied over chronically inflamed joints and tendon sheaths are valuable. Dry or wet cupping though not used so much now as formerly, is useful in obstinate rheumatic pain. For certain severe chronic pain in joints nothing is so effective as actual cautery of the skin over the joint.

DRUGS.—The many different substances used for the relief of pain are used in various forms of pills, powders, and liquids by mouth; as suppositories and injections by rectum, and as inhalations. There are two classes of those drugs—analgesics, which simply relieve pain, and anaesthetics which altogether suspend sensation, and, in the case of general anaesthetics, consciousness also.

Among the analgesics, salicylic acid is one of the most generally useful, in one or other of its various combinations, salicylate of soda, acetyl-salicylic acid, and so on. The ease which it gives in the pain of rheumatic fever is notable, but its use is not limited to that disease.

A number of valuable analgesics are derived from coal tar, phenacetin, phenazone, acetanalid, and several others. All of them are useful in headaches and the aches associated with the onset of acute febrile conditions—in fact is all toxic pain.

Chief among the pain relieving drugs are opium and its derivatives, morphia, heroin, nepenthe, etc. In addition to their pain reducing properties, these drugs are sleep producers. For postoperative pain, the pain of severe injuries, of gall stones, renal colic, and late cancer, nothing can be relied upon to abate suffering as opium and its relatives. It may be used by mouth in pills, powder, or solution, but the most certain, simplest, and quickest method is by hypodermic injection of morphia.

Anaesthetics are divided into two groups, general and local. General anaesthetics act upon the brain, producing unconsciousness and abolishing the perception of all sensations including that of pain. But it must be remembered that the nerves still carry the sensory stimuli to the brain, though the brain does not consciously receive them. This is of importance in relation to shock, which can still occur under general anaesthesia. Ether, chloroform, nitrous oxide, and ethyl chloride are the common general anaesthetics. Each of them has its special

field of usefulness—ether for general use, chloroform in labour, nitrous oxide for very short operations, and ethyl chloride when a short anaesthesia rapidly induced is required. None of them are free from danger, nitrous oxide being the least dangerous, and ethyl chloride the most. With the exception of chloroform in labour, general anaesthetics are not given for the relief of existing pain, but for the avoidance of pain which must occur in the course of operations or manipulations which would necessarily be painful, and perhaps impossible on that account.

Local anaesthetics paralyse the sensory nerves, but do not affect the brain. There are now many local anaesthetics, chief among them being cocaine, eucaïne, novocaine, tropocaine, stovaine, and hydrochloride of quinine and urea. They are applied locally to abolish sensation in the area of operation. They may be used by painting on the surface of a mucous membrane, as in the eye, nose, or throat; by injection at the site of operation—infiltration anaesthesia; by injection into the nerve trunk or trunks supplying the site of operation—nerve blocking; or by injection into the spinal canal, so that they act upon the spinal cord producing anaesthesia of the whole body below the site of injection—spinal anaesthesia.

Local anaesthetics take a good deal of time and trouble to produce the best results. Used in large quantities they cause dangerous circulatory depression. Consequently their use is limited chiefly to minor operations on superficial or easily accessible parts of the body. But as they prevent painful impressions from reaching the brain, they diminish shock. This fact may be taken advantage of in operations which are expected to cause much shock, to combine local and general anaesthesia.

PREMATURE RELIEF OF PAIN AN OBSTACLE TO DIAGNOSIS.—Except in cases of urgency or where diagnosis and treatment are impossible, measures for the relief of pain should not be employed until it has been discovered what is the cause of the pain. Otherwise the abolition of an important symptom may make it impossible to determine the condition and give proper treatment. The classical example of this is the administration of opiates in abdominal pain of unknown origin. If morphia be

given in a case of acute abdominal pain before diagnosis is completed, the true condition, which may perhaps be peritonitis, obstruction, strangulated hernia, or a ruptured ectopic gestation, may be so masked that operation is delayed till it is too late. Many lives have been thus lost, and it is now a cardinal rule that no opiate must be given in acute abdominal illness until the cause is established.

CONCLUSION.—These considerations show :

(1) That pain is not a mere disagreeable concomitant of disease or injury, to be banished by whatever means we are able to employ against it; but is a protective provision of Nature serving important ends in the preservation of the individual.

(2) That as a symptom it is one of the most important diagnostic indicators, but the intricacies of the nervous system, the peculiarities of individuals, and the various other modifying conditions mentioned, render it necessary to make the closest study of the symptom in all its aspects in order to draw correct conclusions.

(3) That having served its purpose, pain is in itself harmful, and the correctness of diagnosis, and the propriety of treatment are to a great extent measured by the relief of suffering obtained. Pain is to be regarded as a servant, whom we ought to be able to dismiss when his duty is done; and until we have asserted that degree of mastery over pain, there is still something to be learned in the art of healing.

Native Midwifery in Egypt

February 28th, 1918.

Dear Miss Maclean,

Enclosed is the photo of the "Dyaks" in Egypt, the natives who are undergoing the training in midwifery under Government

thirteen, and have families of twelve to twenty, many of whom die in early infancy. The work of teaching should appeal to many of our well educated New Zealand midwives. The pay is more than



Dyaks Native Midwifery Pupils, Cairo.

auspices. Native midwifery is heart-rending to hear about. Amputation is the one and only operation. If by amputation of some misplaced part the child cannot advance, the parent dies with unborn child. Most girls marry about

fair; it is good, and a house and servant are provided, and if a nurse has a sister or mother to support, she can make a good home for them and herself, but she must be prepared to go to rather distant towns and live where perhaps there are only

a few English people, perhaps four or six, usually a dozen or twenty. I believe the holiday leave is good, and allows of a trip to England every two years.

The life and work should appeal to women—it is a fine mission in itself, and is certainly Empire building in its results. My friend, Dr. Grace Russell, is in charge of it. Her address is the Public Health Department, Cairo, and I know that there are vacancies at present. The first work of a nurse is to go for three months to

one of these Dyahs' schools, to see the working and learn Arabic, which, of course, is the language spoken. Dr. Grace Russell is probably known to some here, as she is an Aucklander. I hope you will let some of our St. Helens nurses know about this work by means of "Kai Tiaki," which is always so full of interest to New Zealanders.

Believe me,

Yours sincerely,

AGNES BENNETT, M.D.

Nursing Novels

"Days of Probation," by Louise Gerard. This novel, which, according to the "Daily Telegraph," Sydney, dealing with a subject with which the author is thoroughly familiar, is one of a class of books which has flourished exceedingly during the war. The nursing profession has come greatly into the limelight and it appears that some observers do not quite like the halo which has been thrown around some of its heroines, and have set themselves to show the reverse of the pictures which show the nurse as a ministering angel. We wish, for the sake of a much enduring profession which seeks neither the elevation to sainthood nor its reverse, that there could be a censorship of hospital novels. Such books as the one we have just read can do no good. They do not, we believe, show a true pic-

ture of hospital life, and the incidents given by the writer of jealousy and intrigue, of pursuit of house doctors by probationers and nurses, of dining out and theatre going, do NOT play a large part in the lives of the women who enter to study for the profession. A few, no doubt, deserve the picture shown, but the great majority love their work, are interested in their patients, absorbed in their studies, friendly with their fellow nurses (no friendships endure like those we form at hospital), and too busy to carry on the "unedifying intrigues" set forth in the book. Women, who have grown up, in the greater part, in refined homes do not leave all their good breeding behind them, and well managed hospitals do not so far abandon all the refinements of home as shown here.

State Maternity Medal

The Hospital,
Mangonui,
March 8th, 1918.

Dear Miss Maclean,—Some time ago there was a piece in "Kai Tiaki" about the midwives medal, and asking for a discussion and further suggestions on it. The writer suggests something in cross form, and St. Helens' colours (green and white). I am enclosing three designs, two in cross form in green and white enamel with silver link connecting bar and medal, and the letters N.Z.R.M. (New Zealand Registered Midwife). The other is gilt, and green and white enamel, it is a little more elaborate, and might cost too much for making.

Several nurses that I know agree that a change of medals would be nice. Perhaps someone else will make a suggestion, and we can get a medal that all midwives will wear.

I remain,

Yours sincerely,

Marjorie Wood.

[The design sent, which we regret we cannot reproduce, is quite suitable and artistic. We fear at the present time there is no likelihood of a change, prices would be prohibitive, and then there would be a difficulty about enamelling. Later we will endeavour to meet the wishes of the midwives and welcome any suggestions.]

Presentation to Miss Orr

On the retirement of Miss Orr, from the position of Matron of the Auckland Hospital, which she has held for over five years, the Hospital Board acknowledged her services by the presentation of an address in album form. Messrs. M. J. Coyle, chairman), P. M. Mackay, and P. J. Nerhency, represented the Board at the ceremony, which took place at the hospital in the presence of Dr. Maguire, Medical Superintendent, Miss Robins, Acting-Matron, and the heads of the various departments. Mr. Coyle said they all regretted Miss Orr's retirement from a position which she had filled with credit for so long. The smooth working of the institution under difficult conditions and the high standard to which it had attained were, in a great measure, due to Miss Orr's capable management and ad-

ministrative ability. The other members of the Board also spoke in high praise of Miss Orr's good qualities, and of the good work which she has done. In thanking the Board for its presentation, Miss Orr spoke of the willing co-operation, consideration, and help she had always received.

As parting gifts Miss Orr received from the hon. medical staff a silver tray and a purse of sovereigns; from the nursing staff, a gold cable bracelet and pair of white gloves; from the household staff, a silver vase; from the Council of the Trained Nurses' Association, a leather handbag, also a large number of beautiful and valuable gifts from personal friends, sisters, and nurses. Miss Orr will be much missed. Many sincere good wishes go with her for a happy future at Home.

An Afternoon Tea

Mrs. de Castro gave an afternoon tea recently at her home in Glen Road, Kelburn, for Matron Nurse, R.R.C., of Trentham Hospital. Mrs. de Castro has recently built at Kelburn, and her house, which is artistically arranged, boasts many souvenirs of her stay in Egypt. It was in Egypt that she ministered to the needs of the New Zealand soldiers, at the Eskebieh Gardens, Cairo, and at the Soldiers' Club, established at Ismailia, where for some time Mrs. de Castro was the only woman, and she shared the hardships of the men, living on army rations. While in Egypt Mrs. de Castro met Matron Nurse, who was in charge of the New Zealand Hospital there at Pont de Koubbeh, and during the afternoon she told her guests something of the fine work done for the many New

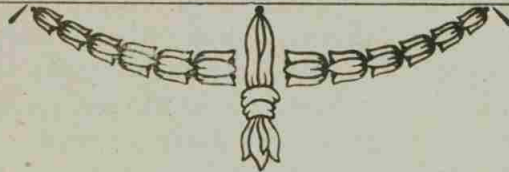
Zealanders in the hospital by the matron, many owing their lives to the assiduous care of the matron and sisters. Mrs. de Castro quoted an Australian officer, who had spoken to her in the highest terms of the work of the New Zealand nurses. Miss Nurse was quite overwhelmed by her hostess's words of praise. Afternoon tea was laid in the dining-room, which opens by an archway from the cosy drawing-room, and the table was artistically arranged with large single chrysanthemums of a deep brick colour. Many flowers, especially chrysanthemums, were arranged about the pretty rooms. Among the guests were Mrs. A. Hamilton, Mrs. Purdy, Miss Rothenberg, Mrs. A. de Castro, Mrs. Bevan, Mrs. Cameron, Mrs. Brown, Mrs. Fairchild.

We recommend to nurses, both amateur and professional, a small and useful book on "Cooking for Invalids and the Convalescent," by C. H. Senn, G.C.A., at the modest price of two shillings. The recipes are simple, and in the majority of cases inexpensive. The art of feeding a patient and

giving a variety of suitable dishes cannot be overestimated. As the author says: "The thorough knowledge of this useful and indeed necessary branch of a nurse's education cannot fail to be of incalculable benefit, not only to herself, but to mankind in general."

The Scoullar Company Ltd.

**Specialists in House and
Hospital Furnishings**



88-90 LAMBTON QUAY, WELLINGTON

And at HASTINGS and MASTERTON.

CEREGEN

**SUPPLIES THAT VITALLY
IMPORTANT FOOD—PROTEID**

We commend CEREGEN to your notice as a highly successful nerve food, containing as it does over 80 per cent. of proteid, in a readily digestible form.

CEREGEN is of great benefit to chronic invalids, convalescents and sufferers from malnutrition, neurasthenia and weak digestion. It is used in H.M. Naval Hospitals, and in British and Allied Military Convalescent Hospitals.

CEREGEN is British and has always been so. The manufacturers established their business in London 117 years ago. **FREE SAMPLES:** We will be pleased to forward free sample of CEREGEN to doctors and nurses. Send to S. A. Smith & Co. Ltd., Christchurch.

Notes from the Hospitals and Personal Items

Births

On March 14th, at their residence at Wellington Road, Kilbirnie, Wellington, to Mr. and Mrs. D. J. Thomson, twin boys—all well. Mrs. Thomson (*nee* Sister Kearney) was for some time at the Door of Hope Institution, Auckland.

Oliver.—On March 19th, 1918, at Nurse Murphy's Hospital, 128 Abel-smith Street, Wellington, the wife (*nee* Tennent) of Sergeant A. V. Oliver (on active service) a daughter.

Marriages and Engagements

A very pretty wedding took place at 1.45 p.m., April 4th, 1918, at Knox Church, Waimate. The Rev. J. Lawson Robinson, Oamaru, officiated. The contracting parties were Miss Isabelle Rutherford (formerly sister of nursing staff, Waimate Public Hospital, and late of Timaru), and Flight-Captain James Garfield Stewart (M.C.), son of Mr. Robert Stewart, Kingsdown, Timaru. The bride, who was given away by Dr. A. Gentry Pitts, F.R.C.S., looked charming in a beautiful dress of white charmeuse; she wore the orthodox veil with wreath of pink rose buds and carried a sheath of roses. Lieutenant Stead acted as best man. Miss Vera Stewart (sister of bridegroom) and Miss Maud Grant (also of nursing staff, Waimate Hospital) attended the bride as bridesmaids. Both wore very pretty dresses of white frosted voile, black velvet and silk picture hats. They also wore drop pendants, and carried shower bouquets, gifts of the bridegroom. A dainty breakfast was served in the church hall.

The happy couple left Waimate by motor for their honeymoon early in the afternoon, travelling north. The bride travelled in a pretty nigger-brown costume, with touches of pale blue, and hat to match. Flight-Captain J. G. Stewart M.C. (Main Body), and Lieutenant Stead are both home from the front on leave, and expect to return shortly.

Miss Standish, known to many of our readers through her massage work at Walton-on-Thames, has been married to Captain Colin Gilray, and is now living at Hazelmere,

Sister Francis E. Salmon who came out on transport from England, about two years ago, after working on the staff of the Walton-on-Thames Hospital, and who was afterwards a Sister in the Wellington Hospital, was married in the English Church, Te Aroha, on April 2nd, to Mr. Harry Evans, late of the Expeditionary Force, and now in the Public Works Department at Kati Kati, Thames, where Mrs. Evans will make her home.



Sister Wilkie (Mrs. Hargest) leaving the church at Brockenhurst after her marriage to Major Hargest.

Sister Mary Hobbs, who had been engaged for over two years, was married on 8th January, at Winchester, at the Weeke Parish Church, from the home of her aunt, to Mr. Dick (Corporal) who has been on active service for two years, and has been transferred to the Base in England. Mrs. Dick's home will be at Walton-on-Thames.



“FOR MOTHER”

DR. JOHN C. THRESH, D. Sc., of the Royal Hospital, Medical College, London, reports of the MILK FOOD as follows:—"When diluted with seven to eight parts of water the mixture would closely resemble human milk in composition."

At Holy Trinity Church, Gisborne, on March 19th, Alfred George Lake, of Cape Runaway, was married to Miss Laura Anderson, of Townley St. Helens Hospital. The ceremony, which took place in the presence of many friends of the contracting parties, was conducted by the Rev. H. Parke. The bride, who was given away by Mr. Blackburn, was charmingly robed and was attended by Miss Agnes Stevens, as bridesmaid, whilst Mr. F. Pyke officiated as best man. After the ceremony, an adjournment was made to the Coronation Hotel, where a sumptuous breakfast was served. Mr. and Mrs. Lake proceeded South the same evening, on their honeymoon trip to Christchurch.

On 9th February, the wedding took place at Hornchurch, Essex, of Captain Herbert Hutson, N.Z.M.C., son of the Rev. B. Hutson, of Wellington, to Sister M. Galloway, N.Z.A.N.S., daughter of Mr. Thomas Galloway, of Dannevirke. The ceremony was performed by The Rev. Canon Burton and the Rev. Mr. Macdonald, N.Z.C.D., Mrs. Hutson, who has been on active service for the last two years, has now retired from the N.Z.A.N.S., and will take up V.A.D. work. She will probably be given charge of one of our Homes.

A wedding of considerable interest took place in St. Augustine's Church, Petone, on Monday, 22nd April, when Lieutenant Bertram Gibbons, N.Z.R.B., was married to Sister Doris Field Arrowsmith, elder daughter of Mr. and Mrs. W. Arrowsmith, of Britannia Street. The wedding was military, and was conducted by Chaplain-Captain Rice, of Trentham Camp. The bride, who was given away by her father, wore the indoor military uniform. She was attended by Sister Kathleen MacGregor, of Trentham Hospital, who was also in uniform. The best man was Lieutenant Frank D. Barron. Miss Maclean, R.R.C., N.Z.A.N.S., Miss Nurse, Matron Trentham Hospital, and staff sisters were present, also friends of the bride and bridegroom. Miss Naughton, a friend of the bride, presided at the organ.

Sister Le Gallais, of Auckland Hospital, was married on April 17th, to Mr. Charles Gardner of New Lynn. The marriage

ceremony was at the residence of Mrs. Gardner, of New Lynn. The bride wore a biscuit-coloured coat-frock, and saxe blue crepe de chine collar, and hat to match. Nurse B. Young was bridesmaid. The bride and bridesmaid carried beautiful bouquets of white and pink chrysanthemums and ribbons to match; a good number of the nursing staff attended the wedding.

Mrs. Gardner received some beautiful presents; the nursing staff presenting her with a silver entree dish, and silver porridge spoons. The honeymoon is being spent on a tour of the North Island. Mr. Gardner is going into camp in June. Mrs. Gardner was a member of the staff of the hospital ship "Maheno"—first commission.

Sister E. Hooper, who recently returned to New Zealand, has retired from the N.Z.A.N.S. on account of her approaching marriage to Mr. Garnet Bell, Solicitor, Matamata. Sister Hooper left on active service in July, 1915.

The engagement has been announced of Sister Mabel Agnes Wright, of Invercargill, to Corporal Leonard William Hemmings, of Christchurch. Sister Wright, who has been on active service since the commencement of the war, was on the "Marquette" at the time that ship was torpedoed, but after a short furlough resumed duty again, and has since been stationed at Codford Hospital, in England. Corporal Hemmings is a main Body soldier, and has seen service in Egypt and Gallipoli. He has been driving a motor ambulance at Codford Hospital during the past eighteen months, and latest advices to hand are to the effect that he has left England to join his comrades again "somewhere in France."

Resignations, Appointments, Etc.

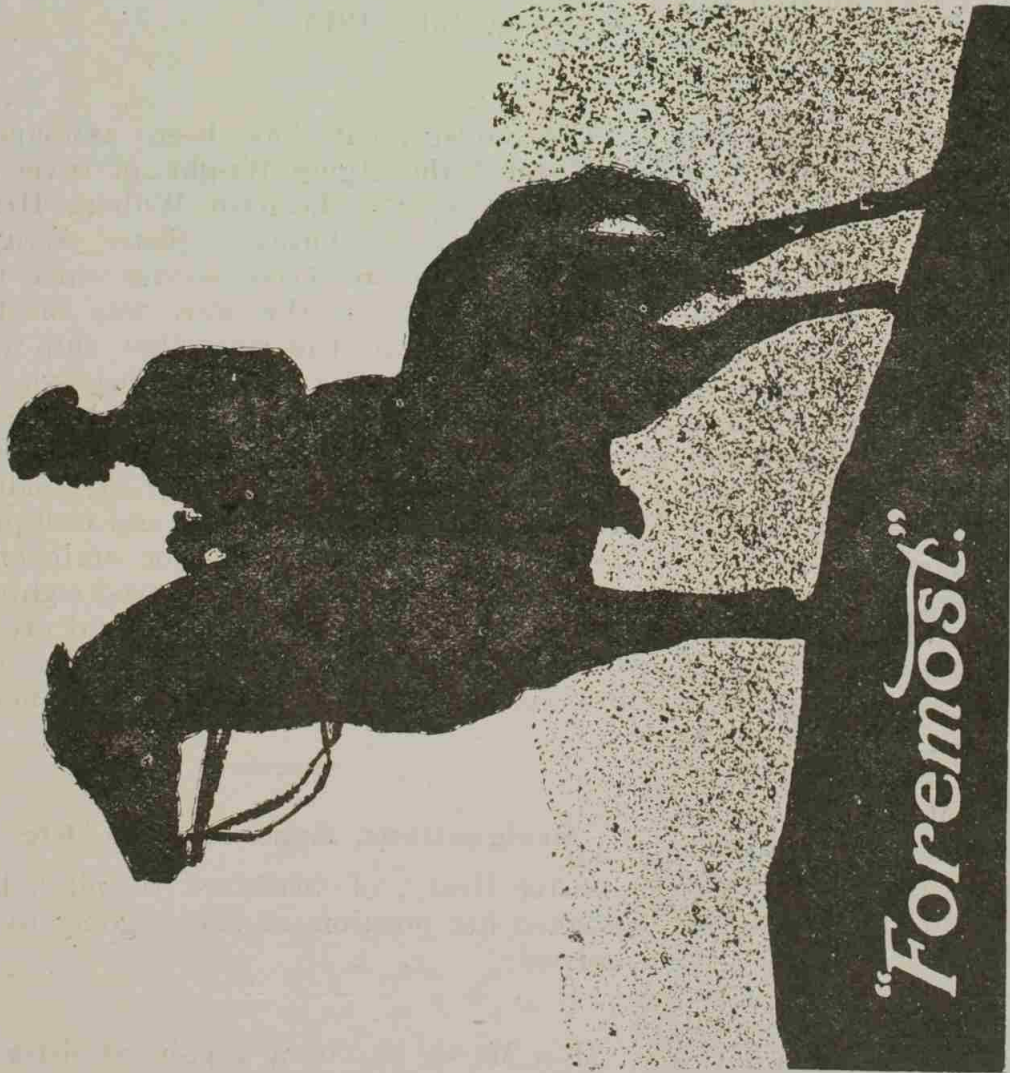
Sister Healy, of Stratford Hospital, has resigned her position, as she is going to be married.

Miss Marsh has been appointed sister in place of Miss Healy.

DENTISTRY.

Quite apart from the necessity for good teeth as an adjunct to personal appearance, they are imperative to the preservation of health. If your teeth are causing you concern **CONSULT US.**

Special Concession to affiliated members of the Nursing Profession.



"Foremost."

ANGLO AMERICAN DENTAL

146 Armagh Street (Between Colombo and Manchester Sts.) Christchurch.

Telephone 3363

THE NURSES' PROTECTION & SAVINGS BANK FUND

Advantages of the Fund.

1. Protects loss of income during specified sickness.
2. Protects loss of income during Accident.
3. Makes positive provision for later years of life.
4. Secures financial assistance when most needed.
5. No deduction (from amount payable at expiry of term selected) for cash benefits received.
6. Benefits, Accident, and Death, commence on date of acceptance. Sickness, 14 days from date of acceptance.
7. Introduces a simple system of saving.
8. Financial Stability of Fund absolutely assured.
9. No restriction as to travel, or residence, within the British Empire.
10. Officially supported by the Executive of the N.Z. Trained Nurses' Association.
11. Commended by public and business men.
12. Liberal, non-forfeiture privileges.

Popularity of the Fund.

1. It is subscribed to by Nurses from the Three Kings to the Bluff.
2. The membership has now reached nearly 900 Nurses.
3. Nearly £300 has been paid since the Fund was inaugurated to incapacitated members through sickness and accident.
4. Claims liberally regarded and promptly settled, have given cause for satisfaction.

The Trustees of the Fund.

Messrs. STRINGER & BRIDGE, the well-known firm of Accountants, Auditors and Trustees, of Cathedral Square, Christchurch, act as Trustees for the Fund, thus securing for members special supervision in their interests. Subscription should be made to them or their special representative, Mr. Conrad Boyes.

THE STATEMENT.

Benefits secured by a Nurse Banking 1s. 10d. a week in the NURSES' PROTECTION AND SAVINGS BANK FUND.

1. £100 with all Interest (or bonuses) at the end of 20 years.
2. A Pension (or annuity) may be purchased with the above cash payment if a member so desires.
3. £33 6s. 8d. if death occurs from natural causes (bonuses added).
4. £133 6s. 8d. if death occurs as the result of an accident (bonuses added).
5. £100 if a member should be totally permanently disabled through accident.
6. £50 if a member should be partially permanently disabled through accident.
7. An Annuity of £3 per annum on permanent general disablement through accident.
8. An Annuity of £6 per annum on total irremediable blindness or permanent general paralysis the result of disease.
9. 12s. per week during temporary total disablement through accident for 52 weeks in any one year for any one accident.
10. 3s. per week during temporary partial disablement through accident.
11. 12s. per week during temporary total disablement caused by one or more of the following diseases for 26 weeks in any one year for any one of 31 diseases (see pamphlet).
12. No deduction is made at the maturity of the contract for amounts which may have been received for sickness or accident compensation.
13. MEMO.—Any enquiries addressed to the Trustees, Messrs. Stringer and Bridge, 81 Cathedral Square, Christchurch, will receive prompt attention.

All Members will please note—

If a member is paying on the basis of 3s. 8d. per week the contribution 3 monthly is £2 12s. 8d., 6 monthly £5 3s., and 12 monthly £9 16s., with, of course, double the benefits as for a payment of 1s. 10d. weekly.

If a member is paying on the basis of 5s. 6d. per week, the contribution 3 monthly is £3 19s. 6 monthly £7 14s. 6d., and 12 monthly £14 14s., with trebled benefits on the basis of a 1s. 10d. weekly contribution.

A member may (on each anniversary date of enrolment) alter the mode of payments to the Fund from 3 monthly to 6 monthly, or 12 monthly, or vice versa.

Liberal Non-forfeiture Privileges

When a member has been connected with the Fund for at least three years and the contribution for upwards of three years have been paid, the member acquires a non-forfeitable interest in the Fund, the amount of which may be utilised. (See pamphlet).

Members have the privilege of drawing the cash value of the fully paid up interest in the Fund, thus finally terminating all further interest in the benefits of the Fund, but the amount of such cash value will necessarily be less than the total contributions paid.

Miss Coila Ashendyne Brown, of Dunedin and Miss Mary Shirley, of Napier, are at present on leave, but will be returning to England at first opportunity.

Miss C. Neil, of Christchurch, has been appointed to the position of masseuse at the Masterton Hospital.

Sister Isla Stewart, formerly of Masterton, is now sister-in-charge of the Infectious Diseases Department of the Walton-on-Thames Hospital.

The Rev. and Mrs. Suckling and family, of Dunedin, are at present spending a short time in Invercargill, prior to leaving for Fiji, where Rev. Suckling has been appointed by the Methodist Mission Board. Mrs. Suckling (nee Cushen) prior to her marriage, was trained in Invercargill Hospital, and is, therefore eminently fitted to share in missions work at Fiji with her husband.

Three New Zealand Masseuses who were enrolled in England, have recently returned to New Zealand. Miss A. M. Hinds Howell, of Timaru, was working at Walton-on-Thames for over a year before joining the N.Z.E.F. She is now masseuse at the Victoria Military Ward, Wellington Hospital. Her sister, Miss W. N. Hinds Howell, left New Zealand with the last contingent of masseuses.

Sister I. M. McRae, A.R.R.C., who has been at Walton Hospital for some time past has been promoted to the position of matron of the Officers' Convalescent Hospital, at Brighton, England.

Staff Nurse Mildred Rees, trained at Wellington Hospital, and who has been working since the beginning of the war with the Queen Alexandra Reserve, has been awarded the Second Class Royal Red Cross.

Sisters Galloway (now Mrs. Hutson) and Philpotts, were specially mentioned in Sir Douglas Haig's despatches on 7th November last.

Miss Jessie Craig, who has been matron at Samoa for the past eighteen months, returns to New Zealand in April.

Before leaving for England, Miss Orr, late matron of the Auckland Hospital, was the guest of the Matron-in-Chief, at her new home in Wadestown.

Miss Jarrett, Native Health Nurse, Te Karaka, has been granted leave from the Public Health Department in order to proceed to England.

Miss Craig, Matron of the Nurses' Club, Wellington, has just returned from a visit to Christchurch and the West Coast.

NURSES AND MEDICAL MEN.

Place your

Picture and Photo Framing

Orders with

McCormick & Pugh

(T. C. W. Pugh, Proprietor)

Art Dealers Artists' Colourmen, etc.

681 Colombo St., Christchurch.

We specialise in Pictures for Wedding and other Presents.

Phone 973.

Works: Tuam St.

A Duty you owe your Friends!

THE GIFT OF A REALLY

High-Class Photograph

TAKEN BY

STEFFANO WEBB,

PETERSEN'S BUILDINGS,

252 HIGH STREET, CHRISTCHURCH.

Telephone 1989.

Building up after typhoid

THE EVIDENCE

Claygate, Robert Street, West End, Townsville, Queensland. 18/7/1914.

"After a serious attack of typhoid fever, I was a complete invalid, not having strength to walk, and suffered great pain after partaking of the smallest amount of food. After the first bottle of SCOTT'S I felt decidedly better, and now feel a new woman. I am better than before my illness and owe my health to your wonderful 'SCOTT'S EMULSION'."

(Mrs.) E. F. STOVOLD.

SCOTT'S Emulsion never fails to build up weakly men, women and children.

It strengthens the lungs, enriches the blood, revitalizes the nerves and drives out weakness and depression.

You get the finest cod liver oil in the world and the advantages of the perfect SCOTT process — when you insist on genuine



SCOTT'S Emulsion

IMITATED BUT NEVER EQUALLED.

Business Notices

SUBSCRIPTION TO JOURNAL.—The subscription to the journal is 5s. per annum. It is published quarterly, and any money remaining after actual expenses of printing and posting are paid, will be put towards the future enlargement and improvement of the paper. Nurses are requested to send addresses to which the journal may be sent in future. It is desirable also that correct addresses should be published in the Nurses' Register.

All literary communications regarding the journal must be addressed to Miss Maclean, Government Buildings, Wellington.

Subscriptions to be sent to—Miss Maclean, Hospitals Dept., Old Parliament Buildings, Wellington; to the publishers, Messrs. Watkins, Tyer & Tolan, Ltd., Printers, Wellington; to Messrs. Stringer & Bridge, 81 Cathedral Square, Christchurch; or to their representative, Mr. Conrad Boyes.

All communications *re* advertisements, etc., to be addressed to the publishers, Messrs. Watkins Tyer, & Tolan, Ltd., 115 Taranaki Street, Wellington.

We beg the co-operation of the Nurses who read the Journal in keeping up its interest by sending news for insertion from all parts of the Dominion. An item of news or personal paragraph from the most distant place where there is a hospital or a nurse, is of as much interest as that which can be gleaned in the centres.

Matrons and nurses are invited to send letters, or articles, on any subject that interests them, to open up discussions on nursing or ethical points. To send any personal items of news, to make any inquiries.

Accounts of holiday trips, especially to other countries, extracts from letters from nursing friends abroad will all be welcome and help to make the journal interesting. All matter for printing should be written on one side of the paper only

The Matrons of Hospitals are asked to send news each quarter by the 15th of March, June, September, and December, of any changes in their staffs, resignations, promotions, marriages, and births among the former nurses, obituary notices, with any little biographical notes of interest to nurses, alterations and additions to the hospitals, new equipment, accounts of any festivities, presentations and so on.

Printed and Published by Watkins, Tyer & Tolan, Ltd., at their Registered Printing Office, 115 Taranaki Street, Wellington, N.Z., for the Proprietors.

